

# THE AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN NURSES' ASSOCIATION; THE NATIONAL LEAGUE OF NURSING EDUCATION; THE INTERNATIONAL COUNCIL OF NURSES; TEACHERS COLLEGE NURSING AND HEALTH ALUMNÆ ASSOCIATION; AND THE STATE ASSOCIATIONS OF ALABAMA, ARKANSAS, CONNECTICUT, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KENTUCKY, LOUISIANA, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WEST VIRGINIA, WISCONSIN.

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# THE AMERICAN JOURNAL OF NURSING

VOL. XX

OCTOBER, 1919

No. 1

## EDITORIAL COMMENT

### THE STUDENT WOMEN'S CHRISTIAN FELLOWSHIP

No really fine and lasting work is done in the world which has not its foundation in the spiritual side of human nature. Just now, when the world is so perplexed and troubled, when the problems of industry, politics, capital and labor are more difficult than were the war-time problems, there is greater need than ever for developing the spiritual side of human nature which alone can cope with such questions with any hope of success.

Nurses are peculiarly placed in regard to higher things. Their work appeals to the very best that is in them, and if they respond to the appeal, if they see the opportunity it gives them to minister to mind and soul, as well as to the suffering body, their own souls will grow, and they can become bigger, broader human beings, even though they are cut off from the inspiration of regular attendance at church and can hardly take time or thought for private devotion. On the other hand, if a student nurse has never had the spiritual side of her nature developed, if she is a little inclined to vulgarity, if she is naturally selfish, her work makes no deep appeal, and she may become more coarse, more frivolous, more desirous of personal ease, and later, more commercial.

Everything that will help keep the inner life alive is much to be desired in our nurses' schools, and there has often been nothing but prefatory morning prayers to remind the students of their higher obligations. The Young Women's Christian Association is working among both students and graduates in some places; the Guild of St. Barnabas and the Kings' Daughters fill the gap in other localities; but there is still room for the Student Women's Fellowship which has been so successful in Chicago and which might well be introduced in other cities where there are great numbers of students.

The Fellowship is intended for all students and faculty members, not for nurses alone, and that is, in itself, a good thing. In Chicago, over eighty institutions are represented, from fourteen pro-

fessions, such as art, music, kindergarten, social service, medicine, nursing, law, dentistry, dramatic art, domestic science, etc. The women from all these schools find points of vital contact and a mutual need of greater faith and higher service.

The educational institution is the unit, not the individual, and when such an institution joins the fellowship, every student, faculty member and alumna is given the rights and privileges of membership.

No individual dues are required. Each school is asked to give a yearly subscription of fifty cents per capita; but some give more than this and some less.

There are no elections of officers in the schools, but the head of the institution selects "key women" who form the Council women from that school. These direct the Fellowship work in their own institutions and meet several times a year in Executive Council with the leaders from the other schools.

Instead of standing committees doing uniform work, there are special committees suited to the needs of each school.

The Director of the Fellowship gives her whole time to the work, to the needs of the schools and of the individuals.

Fellowship Circles are being held somewhere in the city every Sunday and every week night. Twice a year great mass meetings are held in Fullerton Hall in the Art Institute, with noted speakers. The calendar of all Fellowship activities is posted in each school and every student or faculty member has a warm invitation to each circle.

A pin, designed by the Art Institute, is a reminder of the object of the Fellowship and is an introduction between students in Chicago, and may be elsewhere, as the work broadens and the students become scattered. Student nurses are allowed to wear it on their uniforms.

It is hoped before long to have five hundred Chicago women as Fellowship patronesses, who will open their homes to this enormous body of women away from home.

We hope that other cities may adopt this same plan of caring for its transitory student population.

#### RANK FOR NURSES

If nurses who have served overseas feel moved to reply to any part of Miss Stimson's paper, published in this issue, we suggest that instead of writing to this JOURNAL, they send such communications directly to the counsel of the Committee to Secure Rank, Mrs. Helen Hoy Greeley, 717 Woodward Building, Washington, D. C.

In the extracts given from the hearings before the Sub-Committee on Military Affairs of the U. S. Senate, a statement is quoted as

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made by Sara E. Parsons, one of our best known training school superintendents, that Miss Stimson, previous to her appointment as chief nurse of the American Red Cross, was serving with the British Expeditionary Forces, and we can confirm this statement from other reliable sources and from her own book. She therefore had no service as a subordinate in the American Expeditionary Forces.

All sides of every question that has to do with the securing of rank for nurses need to be considered without rankle or animosity, and we should bear in mind that this whole effort for rank is to prevent the possibility of another group of nurses being called upon to endure unnecessary indignities or avoidable hardship when called into the service of the Government.)

Every woman in the profession who has an opinion on this subject, for or against, should get into line and make her wishes known, not only to Mrs. Greeley, but to her representatives in Congress, because this question cannot be thrashed out fairly until the wishes of the women who have served are known.

We are very glad to give space to this paper of Miss Stimson's, which we have endeavored to consider with an open mind, as in a magazine of this kind all sides of such vitally important problems should be presented.

#### AMERICAN CONFERENCE ON HOSPITAL SERVICE

Mention was made in the pages of the May JOURNAL of the conference held in Chicago in April last, called by the president of the American Medical Association, for the formation of an organization which should have for its object the improvement and development of hospitals and hospital service of this country. The second meeting of this Hospital Conference was held in conjunction with the American Hospital Association in Cincinnati on September 9-12, and the organization completed. It is composed of fifteen organizations, among which our three national societies, the American Nurses' Association, the League of Nursing Education and the National Organization for Public Health Nursing have representation, as follows: American Association of Industrial Physicians and Surgeons, American Association of Hospital Social Service Workers, American College of Surgeons, American Hospital Association, American Medical Association, American Nurses' Association, Association of American Medical Colleges, Catholic Hospital Association of U. S. A. and Canada, Federation of State Medical Boards of U. S., International Compensation Board, Medical Department of U. S. Army, Medical Department of U. S. Navy, National League of Nursing Education, National Organization for Public Health Nursing and U. S. Public Health Service.

The election of a President was postponed. The other officers are: First vice-president, Dr. A. A. Warner, Cleveland; second vice-president, Clara D. Noyes, Washington, D. C.; treasurer, Lieutenant Colonel Harry E. Mock, Washington, D. C.; Board of Trustees, Dr. John G. Bowman, Chicago; Dr. S. S. Goldwater, New York City; Edna G. Henry, Indianapolis; Dr. John M. Dodson, New Orleans; Colonel James D. Glennan, United States Army; Dr. David A. Strickler, Denver, and Dr. Roger Morris, St. Louis.

One of the papers read at the meeting of the Nursing Section of the American Hospital Association which was of special interest to nurses was Miss Logan's account of the organization of the Training School of the Cincinnati General Hospital in connection with the University of Cincinnati, both the hospital and the University being city institutions. A visit to the hospital later by the women superintendents present must have convinced many of the members, as it did us, that the establishment of this training school and the manner in which it has been developed is one of the greatest educational achievements in nursing which we have seen in many years.

The meetings were of the usual order of interest and will be fully reported in the official organ of the Association, *The Modern Hospital*.

#### PROGRESS OF STATE REGISTRATION

Florida has enacted a new law for the registration of nurses which is to be found in this issue of the JOURNAL. The Board of Examiners is to be composed of nurses appointed by the Governor and provision is made for the inspection of training schools by the secretary of the board. Provision is also made for non-graduates who may be examined and licensed as attendants. It is unlawful for any person to practice as a trained nurse within the state without having obtained a license or permit; registration is, therefore, compulsory. There is provision for reciprocity.

In the list of states published recently in these columns as having compulsory registration, we failed to include North Carolina, which now has a compulsory law.

#### VICTIMIZED SUBSCRIBERS

We hope all our readers will notice the letter published in this issue of the JOURNAL from "M. R.," giving her experience with a fraudulent magazine solicitor. We have repeatedly warned nurses to beware of unauthorized subscription agents. We have no young men in the field who are authorized to solicit for us, though subscriptions are forwarded to this office by the following well known subscription agencies: Crowley, Moore-Cottrel, Franklin Square,

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Hanson Bennett, American News Company, Mutual, and Miss Pattee. Most of our soliciting is done by nurses, who can always show a letter of authority from this office.

The "American Promotion Association," to which "M. R." refers, does not reply to communications sent to the address given on its printed slip, either in Montreal or New York, and no money has ever been received in this office from that Association, although we regret to say great numbers of nurses have paid their money to this impostor and have lost it. The responsibility is not ours, but we are exceedingly sorry for those nurses who have been the losers through misplaced confidence in a stranger.

Officers of nursing associations should take occasion to warn their members not to give subscriptions to any stranger without definite assurance that his claims are genuine.

#### TO AVOID DUPLICATION

We are receiving many letters from nurses just relieved from national service asking about their eligibility for a bonus, whether they may wear a service button, etc. It would be a saving of time if such questions were referred directly to the chief nurses of the Army or the Navy.

In regard to securing positions, we would again call the attention of our readers to the Bureau of Information established by the American Red Cross at 44 East 23rd Street, New York.

#### THE INTERSTATE SECRETARY

The Interstate Secretary, Miss Eldredge, is now in the state of Washington and will, during the next two months, be in Oregon, Idaho, Utah, California, and Arizona. States or local associations wishing a visit from her this year should make the fact known as early as possible so that there may be no duplication of travel or unnecessary expense.

#### THE JOURNAL INDEX

The Index for Volume XIX of the JOURNAL is published as a separate pamphlet which may be had on request from the JOURNAL office.



## WHAT A NURSE SHOULD KNOW ABOUT SYPHILIS

BY HERMAN GOODMAN, B.S., M.D.

New York, N. Y.

The beginning of syphilis is shrouded in mystery. The land of its origin has been sought, but no people seem desirous of giving its country the ignominy of being the birthplace of the disease.

Claims have been made that the Bible "leprosy" was syphilis, and that the diseases described by Greek and Latin authors of medical works as destructive skin diseases were unrecognized syphilis. It is to be doubted, however, if syphilis as we know it, was known to the old world prior to the return of Columbus from his trip to the West Indies.

Salvador Brau, a Porto Rican, has made a study of the origin of syphilis in the West Indies. He insists that there is no evidence of syphilis having existed in these islands. He says that there was no word in the old Indian tongue by which such a disease was known, nor was there a treatment for such a devastating sickness. "Why," he asks, "if the disease were thought to come from the Indies, did the disease in Europe not receive the name of 'Mal de Indies' among the list which included 'French sickness,' 'Italian sickness,' 'Gaelic sickness,' 'Portuguese sickness,' 'Spanish sickness,' etc., by which every region (following the great spread of syphilis, after the disbanding of the unsuccessful army of Charles VIII) attempted to saddle on its neighbor the infamy of the disease's birth?"

We need not, for our purposes, delve deeper into the pre-Columbian existence of syphilis. The outstanding fact is that following the return of Columbus from his voyage to the new world, a new disease was recognized which spread like wild fire. Between 1496 and 1500, from Ireland on the west, to Japan on the east, the known world became infected. The disease at the time of its appearance, as described by the medical men of the time, was a more destructive one than known at the present day. This gives credence to the idea that it was a new disease among the people.

From the list of names of many men who devoted their time and dedicated their pens to the study of syphilis, we shall mention but a few.

Fracastoro (1484-1553), whose Latin poem, first published in 1530, has been translated into English prose, gives several fantastic interpretations as to the arrival of syphilis in the world. Fracastoro has the distinction of naming the disease from the *swineherd* hero of his poem.

For a century or more, great arguments were in vogue among the philosophical medicos of the period as to the unity of the three diseases, ill-named the venereal diseases, syphilis, chancroid, and gonorrhea. It was left to Hunter (1728-1793), to confuse the students of the period by a single experiment, supposedly on himself, of transplanting gonorrheal pus to the skin with resulting chancre. Unfortunately for the advance of science, Hunter had experimented with pus from an intro-urethral syphilitic chancre, and henceforth believed gonorrhea of mucous membranes could become syphilis of the skin.

For seventy years the "unists" reigned, and it was left to Ricord (1799-1889) to establish, by over 500 experiments, that syphilis and gonorrhea are distinct diseases. But even to-day, some people with gonorrhea ask their physicians, "Will it turn into syphilis?" showing how lasting a wrong conclusion may be.

Fournier (1832-1916), the student of Ricord, followed his master. The subject of syphilis from the chancre to the grave was investigated by this great man. Social problems of syphilis were considered by him as well as the baffling subjects of hereditary syphilis and its manifestations, both early and late. Although Fournier was wrong in his idea that nerve syphilis was caused by the toxins of syphilis rather than by syphilis itself, he has left his mark, and from his time, modern knowledge of syphilis begins.

Hutchinson (1828-1913), took up in England the methods of study pursued by the able Frenchman. His name has been associated with the notched upper incisor teeth of hereditary syphilis.

The greatest advances in syphilology have been made in our own century, and through the newer sciences of chemistry, bacteriology, and serology.

In 1903, Metchnikoff and Roux proved that the higher apes could be inoculated with syphilis. They demonstrated, also, the feasibility of preventing syphilis by the early use of mercurial inunction over the site of inoculation.

In 1905, Fritz Schaudinn (1871-1906), working with Erich Hoffmann, demonstrated under the microscope the causative agent of syphilis the *spirocheta pallida*, or, as Schaudinn later named it, the *treponema pallidum*.

In 1906, Wassermann (1866- ), working with Neisser and Bruck, brought to the profession a practical blood test for the detection of syphilis which now bears his name, "Wassermann test." This laboratory procedure has probably done more to clarify the 400 years of clinical observations on syphilis than any other single contribution to its study.

In 1910, Paul Ehrlich (1854-1916), distributed to the heads of various syphilitic clinics about the world, samples of a synthetic arsenic preparation for the treatment of syphilis. Salvarsan was the result of "606" experiments to produce a drug which has the greatest poisonous action on the cause of syphilis and is, at the same time, almost harmless to the living tissue of the patient. Within a short time, the results of the use of the drug in every possible manifestation of syphilis proved that a specific had been found. Although Ehrlich's idea that one dose would sterilize the patient, ("therapia sterilisans magna"), has not been sustained, salvarsan is to-day our standby in the treatment of syphilis. Ehrlich did not stop with "606," but proceeded with his experiments until "914," or neosalvarsan, had been produced. Just prior to his death, Ehrlich produced a newer drug called "natrium salvarsan," which combined the good features of both "606" and "914."

In 1911, Noguchi, the Japanese wizard, succeeded in growing the *spriocheta pallida* on artificial media. Later, collaborating with Moore, he demonstrated the *S. pallida* in the brain tissue of paretics, definitely proving that this nervous affection is the direct result of syphilis.

(To be continued)

## VALUE OF THE CLINICAL METHOD OF TEACHING IN NURSING SCHOOLS<sup>1</sup>

BY HELEN WOOD, R.N.

Acting Superintendent of Nurses, Massachusetts General Hospital,  
Boston, Mass.

In our training schools for nurses, more than in almost any other kind of school, do pupils have the opportunity of seeing theory and practice taught side by side; and in no better way can we correlate theoretical and practical teaching than on the wards of our hospitals. Yet in spite of this open field, we have often failed to make this correlation, and the student nurse whose idea in coming to the hospital is to learn to care for the sick, finds her chief interest in the wards, and pigeonholes much of her instruction in a part of her experience labeled "theory only," associating it with text-books, blackboards, microscopes and classrooms in some part of the day's program, disassociated with her chief business,—the care of the patient.

<sup>1</sup> Read at a meeting of the National League of Nursing Education, Chicago, June, 1919.



In our efforts to train nurses we have frequently been in despair over more than one pupil who shows a keen interest in her ward work, and who is obviously bored in class or lecture room.

The most simple solution to such a problem is to transport the pupil, whenever possible, to her ward where she acknowledges her interest, and substitute the patient for the textbook. Fifteen years ago the majority of training schools had all their practical teaching done on the wards, either by instructors or head nurses, or even by senior pupils, and the young nurse learned from the beginning to care for sick people by working with the patient. Such methods have their advantages as well as their disadvantages. The Chase doll, with its many relatives of rag and rubber, is a fairly recent asset to our teaching force, and came into existence when the necessity of larger classes and more carefully worked out technique came into existence. But in being driven from the ward to the classroom, we lost two things of great value to beginning students: the personal equation of the patient and the hospital atmosphere, which undoubtedly holds the interest of more students than does the atmosphere of the classroom.

Why then should we not bring some of our teaching back to the wards? It is impracticable to carry on the instruction of the probationers in this way. The preliminary period is spent for the most part in the classroom and this has proved the best way to handle large groups of untrained pupils, both from the view-point of the student and of the patient. But after the latter part of the first year of the course, there is a distinct advantage in taking the nurses to the wards for their routine instruction. Why teach them typhoid fever and pneumonia in the classroom alone, when an hour's visit in the medical wards, with a teacher who there has at his hand typhoids and pneumonia in different stages of the disease, will present a real picture that cannot be forgotten or confused with others? An hour's description of erysipelas will never make the impression that is made by one minute's look at the red, swollen face of the patient.

There are several points to be remembered in this clinical method of instruction. First of all, the group must be small enough to be able to gather around the patient to hear the instructions and observations of the teacher without his having to raise his voice and be heard throughout the ward. It will sometimes be advisable for the members of the class to feel of the tumor, or try to use the stethoscope, and then too large a group would be tiring for the patient. Fifteen students become a cumbersome group, and it is almost impossible to hold the attention of a much larger number with this informal method of teaching.

The interest for the instructor in this type of teaching depends very much upon his personal contact with both students and patients, and the larger the group the less can he learn to know the individual nurse and hold her interest.

The question arises as to whether the patient should hear the discussion of his own case. This matter must be left to the doctor conducting the clinic. Very often it is a perfectly wise thing to let the patient hear it all. He is the one most interested, and he often makes very helpful observations on his symptoms, such as we would never find in a textbook or hear from a third person. If not too sick, he generally enjoys the procedure of a clinic. If a patient is too ill, or if for any reason he should not hear too much concerning his disease or his own condition, discussion of the case should be held outside of the room, the bedside clinic being short and general, probably without the patient even being touched. The mere actual picture of the very sick person will help to fix in the mind of the young nurse the preceding or succeeding discussion of the disease.

Clinical instruction is one of the best ways of training a nurse's observation. Sometimes the doctor makes the observations for the class; again he may ask the members to make the observations after seeing the patient and perhaps talking with him. The making of diagnoses is without the province of a nurse, and yet the same drill that is used to train the observation of a medical student is not out of keeping in the training of a nurse. In our large hospitals our young nurses have so many superior officers immediately at hand to take responsibility—the senior nurse, the head nurse, and house doctors—that they often do not have the experience in observation that is forced upon the pupils of a smaller school, where there is no house doctor present, and where the head nurse in the ward has a much more varied scope of work and, therefore, less time to supervise the pupils than is true in a large hospital.

Here is our chance to develop this point. Perhaps the instructor has been teaching pneumonias: he may take the class into the ward and let them, by observing a number of patients without the aid of charts, determine which are the probable pneumonia cases. Nothing will make them more keen in observing symptoms, which is one of the nurse's chief duties as an aid to the physician. It may be that a new kind of case is to be studied. If the nurse has watched the patient, talked with him, observed his general appearance, noted his complaints and abnormalities, she has a much keener interest in the doctor's instruction in that kind of case. In large groups, however, it is very hard to allow the time for the nurses to make these preliminary observations.

Another point to be considered is the time of day to be chosen. In order that the clinic may not be distracting to either the patient or the ward routine, it should be held at the most quiet time of day, when visitors or doctors are not likely to be around. Certainly these classes should not be at meal hours. Experience has shown, however, that they make very little disturbance in the ward, particularly if the head nurse knows beforehand that patients are to be used in the clinic. She can then see that these patients are attended to and made comfortable, and that the duties of the nurses in the ward so planned that there is no interruption to their routine.

One almost essential element in this type of instruction is the follow-up quiz, to make sure that the points of instruction have been understood, and that the students may be conscious during the exercise that the work is of such importance it requires a checking up. This quiz would best be conducted by a nurse instructor who shall have attended the clinic. She will then have an opportunity to review with the nurses the nursing care of the cases that have been studied.

The question of instructor will vary in different types of institutions. In the large hospitals, that is, the teaching hospitals for medical students, it is not difficult to find some medical school instructor who can make time for clinical work with the nurses. In a small hospital, the staff members are expected to help with the instruction of nurses, and they generally feel interested to do so. It is not at all reasonable, however, in either case, to expect that such a course can be given without paying the doctor for it. If the classes are large and have to be divided into several groups, it would mean just that many sections a week to be given, and we can never plan on one section being the duplicate of the previous class, because the cases in the ward change from day to day, and the teaching material must, therefore, be arranged for each particular section. All this takes time in preparation.

The doctor goes to the ward early in the day, or possibly the afternoon before the class assembles, to look over the patients and decide which ones will be available and practicable for teaching purposes. He then leaves a note with the head nurse as to which cases he will use, in order that everything may be in readiness for him the next day. It is quite important that the same teacher should have the class throughout the year, in order that he may make sure that the important types of medical or surgical diseases shall be covered. By coöperating with the head nurse she can often call his attention to interesting cases that are admitted to the ward.

In some instances a doctor may not be available for these classes. Then this system of clinical instruction can be carried on by the

nurse instructor, although a doctor with his wider knowledge of medicine and surgery is preferable. There are some hospitals where a suitable doctor would not be available, and where the one nurse instructor has far too much to do to take this added work. In such instances the head nurse is always available and will generally be interested if she is given enough assistance in the ward to spend the time in teaching on her own ward.

If in the larger schools the classes have to be divided into three or even four sections, it is quite an item for the instructor who must accompany the classes and conduct the corresponding quizzes. One of the problems that has arisen with the development of our preliminary course in training schools is that the teaching of nursing procedures is limited to the probationary period, and very often there are no further classes during the whole course in nursing technique. The clinical method of instruction, therefore, gives one of the best opportunities possible for a review. If this increases the instructor's schedule unreasonably, the situation presents a very good opportunity for the use of a senior pupil as an assistant; for no matter how interesting a clinic may be (and it is one of the most interesting forms of class work for a nurse), an instructor is bound to be more or less bored by having to watch the same group several times a week, particularly if she has one set of students in surgical clinics, and another in medical clinics.

Methods of instruction in nursing education are much under discussion to-day and we have all manner of critics, from the extremist, who claims that our teaching is growing too theoretical and borders on the realm of medicine, to the radical who argue that we spend too large a proportion of time and energy in the routine practical instruction of nurses. Could not this clinical method of teaching help to answer these criticisms? It will keep a practical background for our theory, and emphasize the scientific aspect of the every-day work on the wards with the patients, unifying in the mind of the student nurse the various phases of her curriculum in a way that is hardly possible in any other field of education.

## HOW TO OVERCOME INSOMNIA

BY ETHEL WEBB

*Walton, N. Y.*

Do not depend on drugs to produce sleep. The cause of insomnia is either physical or mental. Drugs assist nature but, in themselves, cannot cure. If there is a physical reason for sleeplessness, the best medical aid should be secured to remove the cause; but if mental, as

the result of sickness, sorrow, or overwork, all depends upon the person's common sense.

Fear is the fundamental cause of sleeplessness. After one sleepless night, we fear the next night's coming. We suggest to ourselves that there is a possibility of another sleepless night ahead of us and subconsciously we register the thought. We are seldom disappointed and begin, then and there, to form a habit of insomnia with its resulting ill-health and intense nervousness.

The child may be taught to fall asleep at a certain time and, unless over-tired or positively ill, may be depended upon to be true to the habit. He has no distressing thoughts or fear. It is time to sleep and he sleeps. We go to bed over-tired or excited and take with us the cares and worries of the day. How can we expect a dreamless and refreshing slumber?

I once assisted a noted nerve specialist in caring for a woman suffering from a nervous breakdown. She had not slept in four days and nights and at the end of that time was so weak that I dared not so much as move her pillow. She begged for an opiate but the doctor told her if he gave her even one dose of "forgetting" medicine she would curse him. He would teach her to control her nerves as completely as they now controlled her.

The breakdown had come gradually. At first, when she did not fall asleep readily after retiring she would sit up and read. Then she read in bed, always with one of those spitefully-persistent-ticking clocks on a table at her bedside. Then she possessed herself of a flashlight and would watch the clock to see just when she became sleepy. Often it was two or three o'clock in the morning before she would cease to listen for the striking of the numerous clocks in the house. Eventually she turned night into day and took up china painting. She could paint at night as the gas light did not change the china colors perceptibly. Sleep by day was next to impossible, hence the breakdown.

She was restored to health and normal ways of living by simple and practical methods.

She was fed light, nourishing food every three hours: liquid peptonoids, broth, and malted milk. Later, when her stomach could digest them, solids were added. All clocks in the house were stopped; time was forgotten. She was persuaded that time or sleep did not matter, so long as she was comfortable and resting. No harm would come to her if she did not sleep. She feared she would become insane if she did not.

She absorbed sounds. Cars blocks away would set her nerves vibrating. She would lie in fear after the passing of one trolley,



car, dreading the approach of the next one. To overcome this, we placed a Victrola two rooms away and played softly over and over again a Venetian Trio record. She said afterward she just had to go to sleep to get rid of hearing "The Sweetest Story Ever Told."

If you wish to overcome insomnia don't crowd your days too full of excitement, your stomach with indigestible food, or drink strong tea or coffee. Have your bed comfortable and your room well aired. Learn to leave your worries outside your bedroom door just as they did their shoes in the "good old days." They are sure to be there in the morning. Cultivate sane methods in your habits of life just as you do in your business, if you wish to lay up riches of good health and pleasant dreams.

## THE EVOLUTION OF PUBLIC HEALTH NURSING<sup>1</sup>

BY ROSE M. EHRENFELD, R.N.

*State Director of Tubercular Nursing*

Public health nursing, representing the latest development in the national health movement, has been given a sudden great impetus by war conditions, and the public health nurse has become the most important single factor in effecting opportunity for health equal to other opportunities. In spite of the strides which preventive medicine and the study of public health have made in recent times, the practical application of such principles in the homes of the great masses of people suffers a constant check through the lack of an adequate number of trained women.

Since 1859, when William Rathbone (with the far-seeing assistance of Florence Nightingale) established in Liverpool the first District Nurse Association, while the development has been sporadic, a gradual evolution, conspicuous along two lines of development, has been noted: First, from the limited field of remedial case work to the preventive and educational phases (including, however, the curative); second, from one type of administration to another. The former represented a benevolent or relief society, which frequently combined the nursing care with the giving of material relief, thus pauperizing the service, attaching thereto the stigma of "charity nurse" and limiting the work to the very poor. The latter type represents a mixed board of representative men and women, inclusive of the community's interests,—an organization stamping itself as a community enterprise and offering a larger scope of activity by extending professional nursing service to both pay and free patients;

<sup>1</sup> Read at the Public Health Session of the North Carolina State Meeting, Asheville, June 10, 1919.

a service limited only by local geography and facilities for transportation, and cooperating with the proper relief agency, by which agency material relief is supplied and to which the dispensing of the same rightfully belongs.

In many localities already existing associations are reorganizing along progressive lines; with a correlation of forces, field, finance and provision for nursing supervision, and all recent inauguration of public health nursing is on a basis standardized (as to personnel, record keeping and provision for a supervising nurse) with a tendency to organize on lines of localities rather than specialties; each nurse knowing her district in all its phases.

The present trend is toward a national plan of creating bureaus or divisions of public health nursing in State Boards of Health, on an equal basis with other bureaus, or to provide for State supervising nurses under the Board of Health; twelve states, viz.: Alabama, Connecticut, Maryland, Minnesota, New Jersey, New York, North Carolina, Ohio, Virginia, West Virginia, South Carolina and Kentucky, are the first in the field in this post-war program—the ultimate aim being to have extended by counties, nurses proportioned to the population in sufficient numbers to do all branches of work completely, on a standardized basis; the plan applying equally to Texas and to New York, to remote as well as to congested communities,—and to push the educational and preventive program until the curative phase will be a rarity and all workers will be specialists and standardized. Many states have laws permitting expenditure of municipal and county funds for public health nursing, and three have legislation providing for a nurse for every county.

The American Red Cross, as an organization standing for a high type of efficiency along nursing lines in both war and peace, is making a three-fold contribution to the cause of public health nursing. The first, a change from its Town and Country Nursing Service to a Bureau of Public Health Nursing, with a definite policy as to a standard of work and as to qualifications of nurses, and providing for thirteen divisional directors. The second: It is authorizing in communities where no such service exists or is immediately projected, the initiation of public health nursing as a chapter activity and the expenditure of chapter funds for financing the same until such a time as municipal or state funds can take it over. By this provision there are at present four counties in North Carolina with specially trained nurses who are doing for human lives what scientific agriculture is doing for crops. The third: Its contribution (in addition to a substantial loan fund) of a scholarship fund of \$100,000 intended primarily to prepare

nurses returning from war service, but others are included, for public health work and thus connect the supply and demand; secondarily to standardize the field of public health, as only women who have had special training or the equivalent in experience are eligible for enrollment through the Public Health Bureau of the Red Cross.

The National Organization for Public Health Nursing, founded in 1912, with a membership of 3,000, represents an evolutionizing factor of combined professional and lay people and is raising a \$150,000 scholarship fund to supplement previous training or experience and to prepare graduates to qualify for Public Health Nursing. It is also placing literature in library centers throughout the United States for distribution to public health nurses and others interested. Other evolutionizing factors (financially speaking) are the Metropolitan Life Insurance Company and the General Federation of Women's Clubs, the latter through its State Federated Clubs raising from one to three scholarships in some of the states.

The latest prospective evolutionizing force comes from the Department of Labor, which contemplates the establishment of a registry for nurses who have special qualifications and training for industrial nursing. This comes under the Division of Industrial Hygiene and Medicine, the personnel of which has been detailed from the U. S. Public Health Service to the Working Conditions Service of the Department of Labor.

The Federal Children's Bureau \$8,000 contract with the National Organization covers three experiments in public health nursing being made in rural care of mothers and babies; one in an Illinois county with a predominantly white population, one in Louisiana, predominantly negro, and one at Wind River Reservation, Wyoming, a predominantly Indian county. The report of the first year's work will probably be issued as Children's Bureau Bulletins and will not only form an excellent model program for county work, but will be a force in securing state legislation in promoting public health nursing. Four states already have legislation to this effect, thus directing the service from private agencies to a governmental activity, making clear that nursing is not merely a private or individual service, nor rightfully the function of separate small communities, but is a part of the great national fight being made against the menace of disease.

The work of the public health nurses in the cantonment zones and devastated countries was such as to cause the Federal Government to take cognizance of this particular branch of nursing, and the United States Public Health Service created a Division of Public Health Nursing; issued a bulletin thereon for distribution from

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pulpits on National Health Sunday; and their first reconstruction bill before Congress called for provision for community nursing.

Combined courses in public health are being given at Universities, affiliating for training in field work, with well established nursing organizations in most of the large cities, and there are now one hundred hospitals giving four months to selected seniors in some public health nursing agency.

In 1901, there were 58 associations doing public health nursing with 130 nurses. In 1916, there were 1,992 organizations, in 1,496 cities and towns, with 5,152 nurses. With such a retrospect, what can we expect from the sudden great impetus given by the war?

A careful observation of the public health nursing situation reveals the fact that many localities are awake to the necessity for trained women, in advance of the nurses themselves. There is a tendency on the part of the latter to enter the field unprepared. This is undesirable in every way, unless the workers are directly under a well qualified supervising nurse. In the first place, it is unfair to a nurse to place her at a disadvantage, when in a short time the community will expect, and rightfully, service she is unable to render. Especially where public funds are expended do we insist there should be offered in return for the expenditure, standardized work. Better delay starting the work until a woman especially trained for public health work can be secured, or a nurse of the locality's choice takes advantage of a scholarship to prepare her for the field. This is the only way the work in North Carolina can be made to compare favorably with that of other states or that of the Red Cross Public Health Bureau, or that of the National Organization for Public Health Nursing. With the rarest exception, anything less than a standardized work represents a superficial, unsatisfactory, "not-to-be-commended" endeavor, rather than an evolutionizing contribution.

While the present represents a time of readjustment in the nursing profession, the opportunities offered for special preparation, put it within the reach of a graduate nurse with high school education to enter this field, and with public health work in view, many college women are entering various hospital training schools appreciating the possibilities of a field of large horizons and broad views.

It is becoming increasingly evident that if the public health nursing movement is to acquire its full development, the sick of moderate means must be cared for at a cost which will not leave them financially crippled upon recovery. May we consider a moment the Convention at Cannes, where an international system of public health service was discussed and at which it was the purpose of the late Miss Delano to be present. May her memory be a constant reminder

that we have a life to live as well as a living to make, and may her sacrifice be our inspiration to prepare ourselves to render a new type of national service at home that will furnish a high type of nursing service for all people, according to their need, rather than their income.

Public Health Nursing has become one of the strongest forces for Americanization, reaching into the homes and teaching foreign mothers how to interpret sanitary codes and to obey quarantine laws; how to select and use American foodstuffs with regard to nutritive value; how to raise the babies according to American customs and the demands of American climate. It represents the field of work that is reaching some of the "90 per cent of the sick outside institutions" with nursing care in their homes. It is extending to the masses prenatal, tuberculosis, school, industrial, communicable disease and general community nursing; and, in so doing, represents the most important single factor in our national effort to check the slaughter of innocents by the kaiser of ignorance. It represents the instrument by which democracy's latest vision, namely, "equal opportunity for health," is being practically applied and by which the light of modern science and the warmth of human sympathy are being spread into every corner of the world. Because the public health nurse has made possible the universal democratic application of public health work, Dr. William H. Welch says: "America has made two great contributions to the cause of public health: the Panama Canal and the public health nurse."

## OPPORTUNITIES AND PROBLEMS OF PRIVATE DUTY NURSING<sup>1</sup>

By MARY MARTIN BROWN

*Cincinnati, Ohio*

A private duty nurse who is really interested in her work and gives the best of herself to it combines the best of the public health, the social service and, if we use a little imagination, the institutional nurse.

Say, for instance, that a nurse is called away out into the country on a serious case, in many instances miles from the attending physician. This has happened to us all. What must we do, or rather what do we do? First, we must make our patient as comfortable as circumstances permit. Then, what is very much more difficult, we must in a most tactful manner begin to educate the family in all branches

<sup>1</sup> Read at a meeting of the Ohio State Association of Graduate Nurses.

of hygiene. The usual country family knows absolutely nothing about hygiene in any of its forms. When winter comes they think that all windows must be sealed, no fresh air admitted, and no baths taken. As one patient said to me, "Why, Mollie don't take no baths from the first of October to the first of May, her clothes is done sewed on her." We must be as wise as the serpent in our efforts. If we are, it will not be long before we can open the windows without objection, and we will notice that the wash tub is brought into service on Saturday night, anyway.

If one family in a small community begins to improve in these respects, it will not be long before others are told what the nurse said should be done, and in a very little time, the whole neighborhood will have improved in many ways. If you go back to such a community and notice improvements, do say something about it, for we all like praise.

The little wedge started by the first nurse opens the way for a larger one and the next nurse will have little trouble in making still greater changes that tend toward the improvement of conditions.

Country folks are not the only ones that need instruction in hygiene. We may go into the best of city houses and find the same lack, and it is much more difficult to have people of this class see the error of their way. A public health nurse who is clothed with authority has, in many ways, a much easier time than the private duty nurse, for the people with whom she comes in contact are open to suggestions and our patients are not always in such a receptive frame of mind.

Many people, and some in the profession, look down upon the private duty nurse and rate her as only a wage earner. We are wage earners and proud of it. I for one hope that I will be able always to earn my own bread and butter.

Who has a better opportunity for good than a private duty nurse? Who comes into closer contact with people? Whose privilege is it to be with the family in the great joy of a new arrival and to whom else does the privilege come of comforting the heart-broken mother when a little one is taken from her? I have been a private duty nurse for twenty years and would not exchange my work, my experiences, or my friends with any one.

Until lately we as a group have been pushed aside as if we were of little consequence, but I do not think such will be the case in the future. Those who attended the convention of the American Nurses' Association in Cleveland will remember the private duty programme and the round tables. We want the same thing at the state meetings and in the district meetings.

In Cincinnati, the private duty section of the district association holds regular monthly meetings at the Woman's City Club, at which time, over a cup of tea, we discuss all the problems that are confronting us daily. We are also given one of the regular monthly meetings of the district association as our meeting, at which we must arrange the programme for the afternoon. This year we had the very great pleasure of having a talk by Miss Ott, chairman of the Private Duty Section of the American Nurses' Association.

Of the problems we have to meet, I will take up first that of the attendant, as this seems the most serious one at the present time. Unless she is sent out by an accredited registry, she charges what she pleases. During the recent epidemic in Cincinnati the attendants charged five dollars a day and I have learned that they did the same thing in other places. I think something should be done about this, but what should be done, is the question.

Then comes the question of the graduate who overcharges. It seems to me there is nothing so likely to undermine the standards of the profession as an act of this sort. The public must be protected. We have, after long years of hard labor, educated the public until it is willing to pay what the different registries and associations have determined to be a fair salary, so let us not pull down all this good work.

Another problem with which each association has to deal, is the lack of interest that the private duty nurse, as a rule, takes in all nursing activities. We must be active in all things that are of interest to nurses or we will become stale, and that would never do. The association belongs to us; we should go not alone for what we gain from it, but for what we can give to it.

The opportunities of private duty nursing are so many and so varied that it is very hard to choose from the many that lie at our door all the time.

In many instances we must be nurse, doctor, father, mother, brother, or sister to our patient; in fact, we have to be able to fill any one of these positions at a minute's notice. What makes us feel happier than to have the patient say, "Thank you, you have made me so very comfortable!"

I think a private duty nurse has greater opportunities of making friends and friends that stick than anyone I know. Never let the opportunity of making a friend, no matter of how humble a station in life, pass by.

What would the doctors do without us? I am afraid, however, that they are sadly spoiled, as we take so many burdens from them.

When a graduating class is ready to leave the hospital after three

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years of hard, confining work, I do not doubt but the thought that is uppermost in their minds is how much they can earn as private duty nurses. Of course, we all want to earn enough to live and live comfortably; we must live well or we will not be able to carry on our work, but after we have been nursing a little while we see that money is not everything. We must gain the confidence of each patient, we must prove to each physician for whom we nurse that we are the very best nurse he ever had, so when he is asked to recommend a nurse he will say, "Get Miss A if you can, she is a nurse who fits into any place." I would urge each one to do whatever her hand finds to do, whether it is really a nurse's duty or not. In a home where the mother of several children is ill, it does not lower the dignity of the nurse if she helps with the children or sees that proper food is ordered and prepared. Half the battle with a patient is to keep the mind at rest. By taking these small added duties upon yourself, you win the undying gratitude and affection of the whole family. It does not hurt the nurse, when there is only one maid, if the condition of the patient allows, to occasionally relieve this maid and let her have a few hours of recreation. When we go into a home where there is sickness and suffering, the opportunity is given us to make ourselves as helpful as possible and not an added worry, as so many families consider us. A great many people say, "What, a trained nurse! I should say not; if we get a nurse we will have to get another maid to wait on the nurse." This is all wrong. Never ask a maid to do anything for you that you can do for yourself.

## MONDAY IN THE HOSPITAL

BY MARY CAMPBELL MACQUEEN

*Toronto, Canada*

A decided rap, then the door opening, and the night supervisor saying, "It's six o'clock, Miss Blue." "Thanks," sleepily murmurs Miss Blue, and proceeds to dress and get to the dining room at 6.30 to see if all the nurses are at breakfast in time to get something to eat before prayers at five minutes to seven. There were only a few stragglers. The hymn selected was "O God Our Help in Ages Past." The nurses sang very sweetly, it was inspiring, then after repeating the Lord's Prayer they went to the wards.

Miss Faint was reported to be ill; she had strained her back the week before and couldn't get her shoes on, and Miss Weak staid off on account of a sore throat. An operating room nurse was sent to relieve Miss Weak and the other ward had to manage without Miss Faint.



The night supervisor gave her report. Nothing disastrous had happened and at 7.30, Miss Blue went to breakfast, returning from the dining room at eight. After some conversation regarding nurses and work, she set off to make "rounds" equipped with pencils, late leave slips, words of admonition, etc.

The wards seemed quiet, work going pretty smoothly. There was a very heavy dish exchange; several nurses seemed to have fallen, carrying trays. Miss Blue was asked to exchange some rubber goods and on examining it, found it had been burned. It took some time to find the offender, who did not know it should have been reported and thought so long as she replaced it, nothing more was necessary. The rules regarding rubber goods were found and read, and now the nurse understands that any rubber goods destroyed must be reported by the unfortunate individual responsible for them.

In Ward "B," they had some safety razor blades for exchange. Some very particular nurse had boiled them for twenty minutes; she didn't think it would injure them and she did want to be sure they were clean.

Finally Miss Blue arrived at the Maternity Department and heard of a patient whose friends had reported to the doctor that she had been left on a bed pan for an hour and a quarter, so she investigated and the patient denied having said anything of the kind,—her friends must have misunderstood. Well, had she anything to complain of? "Yes," her baby wasn't brought to nurse on time. How late was it brought? Fifteen minutes. The patient had had a special nurse till the day before, so she probably missed the constant attention. She was told it didn't seem quite fair that the nurses should be blamed for that bed-pan fable, and that her baby would be brought to her as near the hour as possible, a few minutes' difference, either way, was often unavoidable.

At last Miss Blue returned to the office, sorted books and repair slips and sent them to their respective places, arranged the nurses' hours off duty and was making ready to do a little supervising on the wards when the doctor of the woman in the Maternity Department, whose friends had complained, came for an explanation. He was told the result of the investigation and after a few questions, appeared satisfied. Before he went away, something was murmured about coöperation.

Now to Ward "C," where the work was pretty well done. Miss Careless was doing a dressing and was asked if she didn't think it was nicer for the patient and much better for the other patients to use a screen. Miss Careless thought that it would, and always used one, she just happened not to, this morning. Mrs. Dismal was crying

because she had been left till the last to be done up. Miss Blue tried to comfort her by telling her she was so well she could be left, while the others, God help them, were much worse and could not be left.

Miss Blue felt cheered when Mr. Bright, on Ward "B," told her he was fine, couldn't complain at all, the nurses were very good to him both day and night; he thought of the suffering of the boys at the front and said he was thankful he was so well. Mr. Bright had cancer of the oesophagus and couldn't swallow at all and had a consuming thirst.

Miss Blue was glad to find it was dinner time, so she went to the dining room and afterwards took a couple of hours' rest. While out for a walk she met the young woman whose back was so strained she couldn't get her shoes on. Her feet looked quite right and she was ambling along quite happily when she saw Miss Blue, and held her breath till she passed by. She regretted not having sent someone to put her shoes on for her in the morning.

Now on duty again with all armour on, Miss Blue had an interview with the operating-room nurse, who came to report that a patient had been sent to the operating room very poorly prepared,—in fact, it was most annoying for her. On inquiry it transpired that a junior nurse had been told to do this preparation, the senior on the ward thought the junior could do it; it being a quiet Sunday afternoon, the senior had a little clerical work to do. When asked if it were customary for her to see that all preparations on her ward were properly done, she answered, it was, but she was busy and thought the other nurse knew how.

Miss Blue made rounds and collected the night reports, found everything quiet, had supper and gave the night supervisor the report. She drew a long breath at 7.20, but didn't feel at all like singing, "The End of a Perfect Day." She wondered why nurses disregard instructions when they know the importance of them, and came to the conclusion it must be original sin. If not, she didn't know why they do it, but they do; however, it isn't always Monday.

## NURSES OVERSEAS

BY JULIA C. STIMSON, R.N.

*Acting Superintendent, Army Nurse Corps, and Dean, Army School of Nursing*

The writer was the Director of the Nursing Service, A. E. F., from November 2, 1918, to June 17, 1919. During that time she visited over one hundred hospitals in all parts of France and in the area of occupation in Germany. Previous to this appointment, she was chief nurse of the American Red Cross for seven months and visited many hospitals (both Army and Red Cross), and before that period she was chief nurse of an Army hospital stationed at Rouen (Base Hospital No. 21). Because of these twenty-five months of experience, she had better opportunity to know of the nursing situation in France than has any other woman. During all of her inspection trips as Director of Nursing Service, A. E. F., she addressed wherever possible all the nurses stationed at any one place, and gave individuals opportunity after the meetings to speak to her separately. These interviews frequently extended well into the night, and at some places occupied a large part of the subsequent day. Upon every visit she talked at length with the chief nurses, endeavoring to find out what were the greatest difficulties they were encountering and how she could be of assistance in straightening them out. Copies of her reports of these visits are on file in the Chief Surgeon's Office, with copies of her recommendations and the action taken in regard to them. In addition to the opportunities given nurses to talk with her, the Director never failed in her effort to make it perfectly clear that she wished the nurses not to hesitate to write to her if there were any way in which she could be of service to them. She emphasized the fact that if what they desired required official action, their communications should go through official channels, and she brought to their attention that all such official communications must be forwarded by the Commanding Officer of the hospital, whether he approved or disapproved, and with his reasons for the approval or disapproval expressed. A circular letter from the Chief Surgeon's Office to all Commanding Officers of hospitals called attention to the Army regulation on the subject, but she made it perfectly clear that if there were matters which the nurses felt they did not wish to have go through official channels and about which they needed advice, they were never to hesitate to write directly to her. Hundreds of these letters were received, and many hundreds of replies sent. Because



of this universal dissemination of the desire on the part of the Headquarters Office of the Medical Department to know all difficulties and to straighten them out if possible, it is certain that the complaints that have since come to light about conditions in France were not brought to the attention of responsible officials at Headquarters, although every opportunity was given. The first unit was not returned to the United States until three months after the appointment of the writer.

It is perfectly true that during the first year of the war, or even afterward, the conditions for our nurses in France were not such as prevailed for the nurses of the British service. It must be remembered, however, that the first year that Americans were in the war was the fourth year the British were in service and, moreover, that in France the hospitals of the British were confined to a very small area which could be easily supervised by the Principal Matron of the Nursing Service. Moreover, in regard to travel accommodations for the British, it must be remembered that the British Sisters were not allowed to take leave wherever they chose, but were required to go to certain definitely stated places where there were hostels for Sisters. It naturally followed that it was a very simple matter to make arrangements for transportation at stated periods and reserve accommodations for the British Sisters to these prescribed places. On the other hand, American nurses were at liberty to take leave wherever they chose to go (with a few places excepted), and although the Red Cross (as soon as it could, with its multitudinous duties) arranged vacation places for our nurses and endeavored to secure accommodations and reservations, the system did not work out as satisfactorily as the British system did.

It is equally true that in many individual cases it was necessary for American nurses to carry their own baggage and to struggle with the other difficulties of travel. This was not due to the fact that they did not have rank, but to the lack of forethought on the part of some responsible officers. On the other hand, the number of instances when baggage details were arranged and soldiers assigned to them to attend to the luggage, and ambulances secured to convey nurses to and from trains, and when nurses were personally conducted to seats in trains and had meals arranged for them en route, and were taken to the best of hotels, and for whom everything was made easy, far outnumber the occasions when they had to struggle for themselves. Transportation in France under the most favorable circumstances was filled with difficulties, and officers can give accounts of worse difficulties in endeavoring to travel than nurses ever had. Trains were horribly overcrowded; there were no porters; cabs were

very scarce; frequently no hotel accommodations were available, and the necessity of sleeping in railway stations or in ambulances, or in other uncomfortable situations, and of getting food wherever it was possible to snatch it, was common to officers, nurses, welfare workers and soldiers; in fact, to anyone who endeavored or was required to travel. Just as soon as it was possible to do so, orders were issued from Headquarters that the Commanding Officer of a hospital which nurses were leaving should see that the Commanding Officer of a hospital at the next station at which they might be required to change cars or to leave the train, should be notified, in order that he might send a detail to look after their baggage and to make arrangements for them. Hundreds of nurses were benefited by this order and were met by ambulances to take them to hospitals overnight, and sent on their way the next day in comfort.

Another difficulty that was met with was the failure on the part of the French authorities to deliver the grade of transportation that was ordered, as it frequently occurred that when first class coaches were ordered from the French for the transportation of nurses, second or even third class coaches were delivered. The officer receiving this unsuitable grade of transportation for the nurses was often in a quandry as to whether to refuse to accept it, and perhaps by the delay jeopardize the sailing or other orders of the nurses, or to allow them to accept what had been sent. Such occasions did not occur many times, because as soon as the matter was brought to the attention of Headquarters, orders were issued that improper transportation facilities for nurses were never to be accepted, no matter what delays ensued. When it was possible to do so, hospital trains were put at the disposal of the nurses for their transportation, but it is naturally understood that for most of the time such trains were being used for far more important purposes than the transportation of nurses.

There has been considerable talk of the discomforts of the nurses returning to the United States, and statements that they were forced to travel second or third class—and even in the steerage—have been made. The matter was looked into with the greatest care not only in Brest, but in New York, and the following is a statement which explains the situation.

On an ordinary civilian boat, the distinctions between the second and first class are mainly those of food and the places on the boat to which passengers may have access. On transports where there had previously been parts of the boat reserved for other than first class passengers, these distinctions were entirely eliminated, and no nurse

at any time has been given any other food for messing accommodations than were supplied to the highest ranking officer, nor was she restricted in any way from any part of the ship to which first class passengers had access. When it is realized that there were thousands more first class passengers to be returned to the United States than there were first class accommodations on the boats available, it is to be seen that second—and in a few instances third—class berths had to be used for first class passengers. There have been boats on which certain junior officers have had better accommodations than some of the nurses, but on the other hand there have been hundreds of passages when there were many nurses who had far better accommodations than many officers.

With regard to the "extravagant use to which the graduate nurses of our Army have been put,"—there is no doubt that it is very hard for those who were not upon the spot to understand why the powers of our trained nurses should have been used for any other duties than the highly skilled work for which they were prepared. It has not yet been discovered how, in the first unorganized months of a war in a country which had been war-ridden for years, and where every available resource had been used and re-used, to best conserve the abilities of specialists, how not to waste energy or physical strength in labors or efforts other than those for which individuals are specially fitted. Buildings which had been used for other purposes, or which had been out of use for months, had to be prepared for the reception of wounded. If patients had not yet arrived; if cleaning men or scrub-women were unavailable, surely there was no nurse who helped in the preparation for the care of the wounded who begrudged her services for such a cause. Instances could be recounted of officers carrying beds and building partitions, and doing many other tasks which they had never dreamed of doing before; and it is equally true that thousands of stories could be told of nurses who showed their adaptability, their willingness to serve in any capacity whatever, wherever they could be useful, and who by their fine spirit and resourcefulness won the admiration and respect of all the people with whom they came in contact. Many lessons have been learned from this war, and one of the most important will have been the necessity for more specializing among the nursing forces as well as among the medical staff. When ten thousand ungraded nurses were thrown into a war in nineteen months, it was a rather superhuman task to grade them all and fit each to the duty for which she was especially adapted. There was no waste of spirit. The reports of the nurses themselves show that there is not a computable proportion of them which does not agree that the experience abroad,

in spite of its difficulties, was invaluable and one for which they can think of nothing precious enough they would take in exchange.

If three years ago anyone had said that within two years the United States Government would send ten thousand of its finest young women from homes of comfort, and often of luxury, across three thousand miles of perilous sea; into a country devastated and depleted by war, to struggle with a climate of the most depressing nature; to live under conditions of the crudest; to wear all the same sort of somber, unattractive clothing; to eat unappetizing (frequently) and unaccustomed food; to do work of the most heart-breaking and back-breaking sort under conditions that no imagination could have foreseen; to see sights that would make faint the stoutest heart; to endure privations—social, mental and physical,—but, after all, to accomplish what they went for and to return with ninety-nine per cent of their number intact and, on the whole, in better physical condition than they went over,—people would have said it could not be done. But it has been done!

Another of the largest lessons that has been learned from the war is the need of adaptability and the choice of adaptable personnel. With regard to the nurses, age was not so important, unless with advancement in age had come rigidity of mind and fixedness of habit. When nurses who for years had been going along in one channel of life, without deviation to the right or the left, (even though they saw beyond their own course and *looked* over into the ways of others), were suddenly uprooted and thrown into the maelstrom of a great war; into another sphere, with its new climate, its new customs, new language, new surroundings, and new kind of organization with its fixed routine and time-honored methods,—such nurses were not able to react with quietness of mind. And many there were who did not realize that their own irritation at the new methods, their annoyance at the changes, and their inability to adjust, were due to reactions from all the causes mentioned above, which were like so many hammers bruising their minds and their souls. Friction was inevitable under such conditions, and only the buoyancy of a youthful soul, the enthusiasm of fresh hope and courage, and the high-heartedness of those who were filled with energy and health could carry them over this trying period. In time all adjusted more or less, but the inflexible ones found it difficult to make the compromises necessary. They lost the tact and diplomacy which in the even tenor of their former ways had been among their greatest assets, and the spirit of fault-finding and querulousness crept in. The fact, however, that hundreds of nurses who requested continuation of service in the A. E. F. had to be returned to the United States contrary to their wishes, and

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have also had to be allowed to leave the service after their return, is a curious commentary on the "lack of consideration" shown them while in the service.

The majority of nurses who went overseas have broadened their view by their service abroad. The give and take of Army life has shaken them out of their ruts; they are richer for their experiences, whether they were pleasant or disagreeable. They have had the inestimable advantage of having visited a wonderful country. Many of them came in personal contact with people of other nations, and have in consequence enlarged their horizon and expanded their views. There was not one nurse who went abroad who did not want to go with all her heart, no matter what the difficulties might be, and no matter what the dangers or hardships. They were filled with the spirit of patriotism and loyalty and with the overwhelming desire to be of service. They have had the desire of their hearts, for they have been of service. Many sacrificed posts of importance and gave up remuneration far in excess of what they received from the Army. The nurses have not been mercenary, and have given no thought to these sacrifices. They offered their services to their country, but they have had their reward,—the reward of work well done. The memory of the services they rendered and the satisfaction that they got in their work will be an undiminished joy for the remainder of their lives.

The clashing of personalities that occurred so often; the times when chief nurses failed to develop in Commanding Officers a confidence in their coöperativeness and common sense; when nurses on wards were unable to secure the cheerful assistance of corpsmen; when from the top down, a sense of harmony and esprit de corps was missing; when patience with those who were new to Army ways was worn threadbare; when irritation with those who found it difficult to adjust old methods to new emergencies became chronic; when, in short, the leaders forgot their opportunity to keep up the morale of the whole group—such times could not have been prevented by rank. They were due to human nature a bit out of control, away from the ordinary things that distract and refresh and keep sweet.

The writer is in favor of rank for nurses, because she feels that it will make the status of the Army Nurse Corps perfectly definite to every member of the Army. At the present time, while it is clear to some,—to those who have access to the Army Regulations and the Manual,—it is not obvious to the ordinary soldier or officer, and it should be. The Army finds it necessary to accomplish its purposes by giving rank to certain men in order that it may be clear to everyone that they have the authority to enforce the orders which it is



necessary for them to give to meet their responsibilities. Nurses have very definite responsibilities, but it is not obvious to everyone that they have the authority which will enable them to meet them. It is believed that rank for nurses would increase the efficiency and dignity of the Army Nurse Corps.

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SOME QUOTATIONS FROM THE HEARINGS BEFORE THE SUB-  
COMMITTEE OF THE COMMITTEE ON MILITARY  
AFFAIRS, UNITED STATES SENATE<sup>1</sup>

SENATOR CHAMBERLAIN. There has been a great deal of insistence upon members of the Committee that there should be some change in the Nurse Corps in the matter of giving them rank—

GEN. IRELAND (interrupting). Yes, sir.

SENATOR CHAMBERLAIN. I wish you would discuss that a little. I do not know what your views are, but I wish you would discuss it to some extent.

GEN. IRELAND. My sympathies are entirely with the members of the Nurse Corps. I might say that I am probably the original advocate of the Nurse Corps in the Army. I went down to the beach at Siboney, and I asked the nurses who were on the Red Cross ship *Texas* to come ashore and help us, which was a very radical departure—

SENATOR CHAMBERLAIN. Where was this you did that?

GEN. IRELAND. At Siboney, Cuba, and it was a very radical departure, and never happened in the Army before. I have been in sympathy with them during all these years of their formative period, and I think I have been instrumental in assisting them in many ways. I hate to be in opposition to or opposing anything these splendid women want, but I think their idea of securing rank to better their position would be altogether wrong—altogether wrong.

SENATOR CHAMBERLAIN. Insisting upon rank, do you mean?

GEN. IRELAND. Yes, sir.

SENATOR CHAMBERLAIN. I have had complaints from nurses with whom and with whose antecedents I was well acquainted, where there was a disposition on the part of the commissioned personnel of the Army to treat them as enlisted men rather than as nurses—

GEN. IRELAND. But I have never seen any disposition of that kind.

THE CHAIRMAN. The complaint has been that the enlisted men of the Medical Department declined to obey the nurses' orders—

GEN. IRELAND. I have heard a good deal of complaint of that kind, but that finally comes down to the question of adaptability. I think that one of the nurses in a ward with a certain amount of tact will get generally what she wants. I personally have never seen any trouble in the nurses getting along with the enlisted men.

SENATOR CHAMBERLAIN. In case a nurse, say, a head nurse, in one of these institutions asks an enlisted man to do a certain thing, she has no power to compel it to be done by him, has she?

GEN. IRELAND. There is a regulation issued by the War Department, which has just been placed in my hands. It is dated May 13, 1919, and it was issued

[<sup>1</sup> Taken directly from the official record. Italics are ours.—Ed.]

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at my request, and is taken *word for word*<sup>2</sup> from the regulations governing the English nurses. It is paragraph 1421½ of the Army Regulations.

THE CHAIRMAN. Will you please read it into the record?

GEN. IRELAND. I shall be pleased to do so.

1421½. (Added by C. A. R. No. 58.) As regards medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due to their position. (C. A. R. No. 88, May 13, 1919.)

That is word for word the English regulation.

THE CHAIRMAN. And what is the date of that order there, General?

GEN. IRELAND. May 13, 1919. That order has been practically in force since 1917. There is just a word or two changed to give it complete authority. That was brought to my attention, and I asked that this order be issued, which is word for word as issued here, and it was done very promptly. I asked to have the nurses graded in the regulations right after the second lieutenants. At the present time the aviator and the cadet is between the second lieutenant and the Army Nurse Corps. The Chief of Staff was sympathetic with this proposition, but in referring the matter to the Judge Advocate General he told me that the Judge Advocate General gave the opinion that the aviator was on the status of an officer, and therefore he could not comply with the request at this time.

SENATOR CHAMBERLAIN. Was it practically enforced during the war time?

GEN. IRELAND. This regulation?

SENATOR CHAMBERLAIN. Or the substance of it.

GEN. IRELAND. I think so, sir.

SENATOR CHAMBERLAIN. Have you had any complaint from the head nurses in the different hospitals—

GEN. IRELAND. In France?

SENATOR CHAMBERLIN. Yes.

GEN. IRELAND. Senator, I had no complaint in France whatever. The work

[The Surgeon General seems to be in error on this point. As finally issued by the War Department, Section 1421½ was not identical with the English provision, but read as follows:

1421½. As regards medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority in matters pertaining to their professional duties (the care of sick and wounded) in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due to their position.

The phrase "in matters pertaining to their professional duties (the care of sick and wounded)" was added to the English provision by the United States Army War College. Over the construction of this phrase considerable difference of opinion seems to have arisen. Some Commanding Officers are reported to have thought that it was intended not as an extension of the nurse's authority, but as a specific limitation on her power as contemplated by the English expression. Such men, therefore, did not give additional authority to their nurses, but held that their authority did not extend beyond the person of the patient and that the ward master was still to have control of ward matters such as ventilation, light, temperature, sanitary conditions, supplies, equipment, personal property, etc. It is further understood that it was the ambiguity of this American addition that caused Dora E. Thompson, Superintendent of the Army Nurse Corps, later to urge the amendment of sections 279 and 313 of the Medical Manual so as definitely to state the scope of the authority of the head nurse in relation to the ward master and so clear up some of the confusion caused by the addition of the ambiguous phrase to the English provision as to status.]

in France was perfectly splendid and these little things did not come up over there. I have heard of the disrespect paid to the nurses and all these things *only since my return*. I may say that the present Superintendent of the Nurse Corps, Miss Stimson, was the chief nurse in France. She is in my office, and after her return I asked her what foundation there was for so many of these reports, and she said there was none whatever. She said that she did not believe them at all; and I think she is making a statement in the Nurses' Journal this month refuting a great many of these stories.

SENATOR CHAMBERLAIN. Well, I will say that I have heard of it not generally, and I have only heard of it from a few.

GEN. IRELAND. You must remember that a great many things occurred as an incident to the war. I have seen at the front nurses huddled together in a building, who had arrived there at 2 o'clock in the morning, and it is a fact that they were not having the comforts that they expected, or that we expected them to have. But that was the condition in war. The nurses were not complaining of the conditions they were living under, but they were just as proud as they could be to be there. In the transportation of the nurses in France I have heard of complaints; that they were compelled to go in box cars; and maybe it was true, when they were needed in a hurry, and they were needed in a hurry when drives were on. It would not surprise me at all if it was true, but I dare say that the complaint did not come from the nurses who were transported in the box cars, because the nurses were glad to be there and were glad to get any transportation as a method of reaching their work.

SENATOR CHAMBERLAIN. Do you think that in the matter of transportation like that, any discrimination was made against the nurses and in favor of the officers?

GEN. IRELAND. No; not at all.

THE CHAIRMAN. And how about on the transports? I have heard something of complaints in regard to that.

GEN. IRELAND. Well, under the regulations, a member of the Army Nurse Corps is entitled to first-class transportation on a transport. Right there I believe there may have been some cause for complaint. As we all know, a great deal of to-do was made because of the fact that many of the officers were transported in the hold of the ship, when they were sent home. I do not know of anything like that occurring with the nurses. I do not know that that charge has been made, but it would not surprise me at all if they were not given first-class transportation, but it was a question of the nurses remaining an indefinite time in France or accepting the accommodations which were at hand.

THE CHAIRMAN. And the nurses usually accepted it?

GEN. IRELAND. And the nurses usually accepted it; and in the most splendid spirit.

THE CHAIRMAN. And in the allotment of space in the first-class accommodations, in the matter of transportation, the nurses would come after the second lieutenants, would they not?

GEN. IRELAND. Yes; she would come after the second lieutenant in the allotment of space, but she is entitled to first-class transportation under the regulations.

THE CHAIRMAN. Senator Jones introduced a bill on June 16, 1919, extending relative rank, so called, to members of the Army Nurse Corps, giving to the superintendents, the rank of major; the assistant superintendents, directors, and assistant directors the relative rank of captain; the chief nurses the relative

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rank of first lieutenant; and nurses the relative rank of second lieutenant. I submitted that bill to the Secretary of War for an opinion. I will ask that the bill be printed in the record at this point.

(The bill referred to is here printed in the record, as follows:)

A BILL To grant rank to the Army Nurse Corps, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the members of the Army Nurse Corps shall have relative rank as follows: The superintendent shall have the relative rank of major; the assistant superintendents, directors, and assistant directors the relative rank of captain; chief nurses the relative rank of first lieutenant; and nurses the relative rank of second lieutenant; and as regards medical and sanitary matters and all other work within the line of their professional duties shall have and shall be regarded as having authority in and about military hospitals next after the medical officers of the Army, and shall wear the insignia of the rank in the Army to which their rank corresponds.*

THE CHAIRMAN. As stated, I submitted that bill to the Secretary of War for an opinion, and I think it might be well to have this letter, sent to me in reply to my inquiry, printed in the record. I will read it now.

August 28, 1919.

In reply to your memorandum of August 20, 1919, in which you request to be furnished with the views of the War Department relative to the bill (S. 1737) "To grant rank to the Army Nurse Corps, and for other purposes," I beg to inform you that the War Department is opposed to the provisions of the proposed bill.

The bestowal of the relative rank upon Army nurses as provided for in the bill, while not actually providing them with commissions, would in effect result in placing a considerable number of Army nurses above a large number of Army officers, including medical officers under whom they are serving in hospitals. Under regulations issued by the War Department, members of the Army Nurse Corps have been given rank above all enlisted men in the Army, and as regards medical and sanitary matters and work in connection with the sick have authority in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due to their position.

The enactment of the proposed legislation would not, in my opinion, serve any useful purpose.

Respectfully,

NEWTON D. BAKER,  
Secretary of War.

SENATOR CHAMBERLAIN. Does that opinion coincide with yours?

GEN. IRELAND. Substantially, sir.

THE CHAIRMAN. And what is the custom in the Canadian and Australian Armies?

GEN. IRELAND. They have a rank in the Canadian Army, but as to the Australian Army I am not certain.

THE CHAIRMAN. I think that they have a rank in the Australian Army, too.

GEN. IRELAND. Yes; a relative rank, but I am not sure about the Australian.

THE CHAIRMAN. How does it work?

GEN. IRELAND. I have never been in contact with the Canadian service. I understand that they run very good hospitals; that they had very good hospitals. One of the centers in France—the British centers—where we had a hospital—you know we sent six hospitals over there to the British—there was a Canadian hospital next to one of ours, and they said that they ran a very good hospital.

THE CHAIRMAN. You never conversed with the Canadian and Australian officers about this, did you, General?

GEN. IRELAND. Not at all.

THE CHAIRMAN. It seems that some of the nurses think it very important that they be permitted in some way to wear an insignia—something more than a mere "U. S."—denoting a rank which the enlisted men would recognize as representing authority; and therefore they request for relative rank something official, something more than the mere publication of a regulation such as the one that you have.

Their contention is that while the overwhelming majority of the enlisted men patients or orderlies were a decent lot, and had due respect for the nurses, occasionally a roughneck comes in, who, instructed to do something by the nurse, says, "Oh, you don't amount to anything; you are no better than I am."

GEN. IRELAND. Well, I do not know whether the conferring of the relative rank would correct that or not.

THE CHAIRMAN. And those same men have had it drilled into them before coming into the hospital to recognize authority as displayed by a shoulder bar, and they are more apt to obey instructions given by the nurse if she has the insignia on her uniform than if she has not?

GEN. IRELAND. I think those instances are comparatively rare, Mr. Chairman.

THE CHAIRMAN. What injury do you think would be done to the Medical Department by the installation of a relative rank? Do you fear something?

GEN. IRELAND. No; I do not fear anything. I cannot point out the injuries that would be done to the Medical Service. I think it would be a very great mistake to give all of the nurses rank. If the question came up as to who should have rank, it certainly should be confined to those who have supervision and not those who are doing the work.

THE CHAIRMAN. This bill gives that rank in four grades—this Jones bill.

GEN. IRELAND. On that subject, I think probably the Chief of Staff would give very clear ideas if he were given an opportunity.

THE CHAIRMAN. We never asked Gen. March about this. In fact, we have never questioned any officer before, but we thought we would ask you because you were in touch with the whole situation. I have questioned sometimes, in discussing this bill, the advisability of conferring the relative rank of major or captain on the theory that even though the functions of the nurse major and nurse captain might not often collide with the functions of the medical major or medical captain, nevertheless, occasions might arise where rank would count. (Your lowest grade in the Medical Service is first lieutenant, isn't it?)

GEN. IRELAND. Yes, sir.

THE CHAIRMAN. I was wondering if some compromise could not be worked out by which the nurse should have the relative rank of second lieutenant, thereby filling in a gap in your service, and, perhaps, give her the required authority without doing any harm. I cannot say that I am expert in the organization of a Medical Corps.

(At this point the discussion returned to the question of medical men. Later, Miss Parsons was called upon and the discussion on Rank for Nurses was resumed, as follows:)

THE CHAIRMAN. Miss Parsons, will you give your name and position to the reporter?

MISS PARSONS. I am superintendent of the Training School for Nurses at the Massachusetts General Hospital, Boston, Mass., and I was formerly chief

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nurse at the United States Base Hospital No. 6, American Expeditionary Forces, at Bordeaux, France.

**THE CHAIRMAN.** Now, Miss Parsons, I happen to know that you have some views as to the relative rank of nurses and the committee will be glad to have you express them.

**MISS PARSONS.** Thank you very much for giving me that opportunity. When I went over to France as chief nurse of Base Hospital No. 6 I went with the Massachusetts General Hospital Unit, most of whom were friends. The commanding officer was at that time Maj. Frederic A. Washburn, and the entire unit was made up almost entirely of persons who knew one another. Very soon, when we began to function, we found difficulties between the nurses and certain types of orderlies. At first, to be sure, while we were by ourselves, there was comparatively very little difficulty; a good class of men had volunteered for the hospital work, and the work went along very smoothly with a minimum of friction. Pretty soon, however, members of our unit began to be called away to other posts and new men and new nurses came in. Our best corps men were gradually taken out of the wards and promoted to positions as secretaries or as assistants in laboratories or in camps where they had no trained nurses. Our real difficulties we found began then.

Col. Washburn, or Maj. Washburn, as he was then, and Col. Babcock, our two commanding officers, were both extremely loyal to the Army and the Army system, and they both put forth every effort to make the Army regulations about the nurses effective. Curiously enough, Regulation 1421½, to which Gen. Ireland has referred, first reached Col. Washburn not from the War Department, but by way of a friend of mine in Boston. This friend, knowing something of the predicament in which Army nurses were because of lack of status, had written her Congressman about it. In replying he had sent her an official copy of the War Department order issuing Regulation 1421½. When I received that I showed it to Col. Washburn. Seeing that it was official, he tried at once to put it into effect. He had it posted in all the wards and had the company commander call all the enlisted men of the detachment together and instruct them that the provisions of 1421½ as to the authority of the nurses were to be strictly observed and the authority of the nurses respected and obeyed.

At that time we were all feeling our way; we had not as yet formed any violent opinions about the need for rank or had any preconceived notions. We all tried very hard to make this regulation work; but it did not work, and, gentlemen, I can assure you that so far as its practical results in increasing our efficiency in the Army were concerned, it was not worth the paper it was written on. The more difficult our work became the more important it was that the nurses should be obeyed without question. Yet the more pressed we were, the worse became the conditions with the orderlies, because in the midst of the drives there was no time to go through the prescribed military channels, such as the head sergeant, the ward surgeon, the company commander, or the commanding officer in order to complain of an orderly's incompetency or disobedience.

As a result, Col. Washburn was brought to believe that rank for the Nurse Corps would help matters. He has written us a letter indorsing commissioned rank for the nurses and stating his belief that it is important that nurses in charge of wards should be given the necessary rank in order to secure the obedience of orderlies and patients. This became the opinion also of both our chief of medical staff and our chief of surgical staff. They feel that rank, and insignia indicating that rank, are essential to the nurse's full efficiency. These

views entertained by both officers and nurses are the result of our personal experience. Yet I flatter myself that we had at Base 6 as harmonious a unit as there was functioning in France, with as few marks as any other against its record, either individual or collective.

Miss Stimson, the present acting superintendent of the Army Nurse Corps, to whom Gen. Ireland has referred, did not have the experience of working under the A. E. F. as a chief nurse. The unit of which she was the head had been assigned to a British hospital. After about a year she was called to the office of the Red Cross in Paris. Not until November 2, 1918, nine days before the signing of the armistice, was she made director of the Army Nurse Corps in France. She was therefore not officially conversant with the difficulties of the units in the A. E. F. hospitals during the progress of the war. Very soon, too, after the armistice the nurses who had been working hard during the war began to be sent back to this country. Consequently for very many nurses both the occasion and the opportunity ceased for reporting to Miss Stimson difficulties that might otherwise have been brought to her attention.

Miss Stimson made trips as fast as she could to the various units remaining in France. The major difficulties were reported to her and I know that she was kept busy trying to get certain troubles of paramount importance straightened out. The matters bearing on rank we did not especially dwell upon. Those of us who had given much thought to our status had come to the conclusion that we ought to have rank, with its insignia; but we felt that the war was no time for us over there to push the matter. If our friends at home could get it for us, so much the better, but we ourselves had no time for anything but our work.

As to the hardships in transportation, I think Gen. Ireland is right in saying that the nurses made very little complaint. When they believed that nothing better could be done for them, they were willing to ride in box cars, do without supplies, and put up with bad food or anything else which the exigencies of war made necessary. But when it became obvious that a great many of the things they were called upon to endure were not necessary, they objected and are still objecting.

And not all of the difficulties experienced arose during the high pressure of the war. Most of them occurred after the armistice had been signed. Some of them occurred right here in America. I am going to tell you just one experience in connection with my own unit, which was one of the first to go over, regarding transportation. It will show the indeterminate position which the trained nurse occupies in the Army, after 20 years' service—that is, 20 years after the establishment of the Army Nurse Corps.

When the time came for our unit to go from Boston to New York for embarkation, Maj. Washburn asked the quartermaster who had been assigned to us to arrange for our transportation, as the officers of our unit were to be sent to a camp and we nurses were to go on to New York by ourselves. When I got to the train on June 28, 1917, a very hot evening as it proved, I was surprised to find that all of the nurses, including myself, had been assigned two to a berth, and that we were one berth short at that. Some of us wondered why such a doubling-up process should have to begin so far away from the fighting, but nobody complained, and I mentioned the incident only casually to Maj. Washburn when we met in New York. On hearing about it he was really furious, for he thought it was an inexcusable thing to have happen. As a result, when eventually we arrived at La Havre, France, he took personal pains to see that his nurses had first-class accommodations on the trains and that they were not unduly crowded in the compartments.

This episode clearly illustrates the fact, I think, that the Army was not accustomed to giving the nurses a definite and dignified position in the Army organization. Many other incidents also proved this. For instance, an order came to our post stating that leaves of absence might begin to go into effect. The adjutant summoned me to his office and told me to begin to arrange for my nurses to go on leave. "Where are they to go?" I asked. He looked at the order, which prescribed that officers might go to certain areas and enlisted men to certain others, but found no specification whatever about the nurses. After thinking it over, he said, "I don't know where they can go. The order doesn't say a word about the nurses. You will have to put off their leaves until I can get word back from headquarters." So the nurses had to wait until his inquiry could reach headquarters and an answer be returned.

Thinking of this recalls still another incident, trifling in itself but supporting my theory. There was a luxury tax imposed upon purchases in France. Some time after the armistice an order came from headquarters allowing a certain percentage off from this luxury tax for officers and a certain other percentage off for enlisted men on their presentation of certain printed slips which were ordered furnished to them. No mention was made of the nurses. No slips were provided for them and except in those cases in which their friends presented them with their own rebate slips the nurses kept on paying the luxury tax.

If I had known that I was to speak here to-day, I should have come prepared to tell you of numerous other instances showing how forgotten we nurses were in many ways and proving clearly that it is high time, now that there is peace for a while, to give the nurses of the Army a definite and dignified position. A great many of the better class of nurses feel that they would have to be drafted into the service if there were to be another war, unless rank should be given them. As things were, our lack of position not only decreased our efficiency, but it was very humiliating to us, especially in a foreign country. Whenever we came in contact with the Australian, the Canadian, or the British nurses, we could not fail to see that the way in which those nurses were organized and looked after was in marked contrast with our own.

THE CHAIRMAN. Is that true of the British service?

MISS PARSONS. That is true of the British service. The British nurses have a very dignified position. It is so dignified that it is generally supposed that they have rank.

THE CHAIRMAN. Gen. Ireland has told us that they do not have rank.

MISS PARSONS. He is correct. They do not have rank *per se*. But their status has been so clearly defined and so carefully upheld through the influence of Queen Alexandra, for whom they have been named, that it has been equivalent to rank in the dignity, respect, and obedience it has commanded. Because their position is established on so high a plane, ninety-nine men out of a hundred will tell you that the English nurses have rank. I understood Gen. Ireland to say that our regulation 1421½ is exactly the same as the regulation governing the English nurses. That is not strictly accurate; 1421½ contains several additional phrases which do not appear in the English provision. I understand that in some of our hospitals they were interpreted as limiting the nurses' authority instead of extending it.

The surgeons general of the Canadian and the Australian armies, where relative rank has been in effect for six and four years, respectively, gave unqualified indorsement to it. Surg. Gen. Fetherston, of Melbourne, has stated in



a report to our Medical Department that the system has worked most smoothly, with great benefit to the military hospitals, and that all the troubles formerly experienced by his nurses have been eliminated.

He says that while in theory the view may be correct that a nurse's personality rather than a uniform or a badge of rank should compel obedience, he has not found this theory true in military practice. Gentlemen, I ask you whether you think a nurse in a ward where she has from 50 to 70 patients should have to rely upon her personality alone to secure for her the help she needs in her care of the patients? The officers do not, I assure you. Of course, it is a splendid thing when a nurse has personality and such charm that she wins obedience through them. But personality and charm were not enough at our base when we were left with men of such poor caliber for our assistants—men who were lazy and men who could neither read nor write. Indeed, it sometimes seemed that all the riffraff came to us in the wards. I have had nurses come to me in the midst of the drives and say, "I don't care whether we have orderlies or not if the commanding officer will only let us keep the convalescent patients and not send them out on fatigue." Some of the orderlies, I am glad to say, were intelligent. Such men were splendid help, but they were passing on to other positions all the time, and men who could not read or write, men who were absolutely lazy, men who drank, those were the men put in the wards to help the nurses take care of our boys.

This has been my experience, and I venture to say that my experience, as compared with that of many others, was a very comfortable one. Nurses who were assigned as casuals, who had to go to the front, sometimes without an officer to look after their interests, had far more trying times. One of our nurses who was an expert anesthetist went up with a hospital team to the front. She and another were split off for a while from the rest of the little group. For two or three months she had not received her pay. She was in great need of money and went to the quartermaster in that sector, begging for some of what was due her. He said, "I can't pay you; I have authority to pay the officers and the enlisted men, but I have nothing in my orders about paying nurses." She had to borrow from the officers, and it was months before the matter was finally straightened out.

Please understand that nothing I have said in the way of criticism is personal. It is the system which I criticize. The Army nursing system as at present organized and as compared with that in civilian hospitals is pretty bad. A great many other experts in hospital administration will bear me out in this statement.

THE CHAIRMAN. We are very glad to have your views and thank you for coming.

MISS PARSONS. I certainly am very grateful to you gentlemen for listening to me.

(Thereupon, at 5.35 o'clock p. m., the hearing was adjourned subject to the call of the chairman.)

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## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF  
ISABEL M. STEWART, R.N.

### THE DARCHE-KIMBER SCHOLARSHIP FUND

An interesting coöperative effort by pupil nurses to commemorate two distinguished leaders and to promote the higher education of nurses.

BY CAROLYN E. GRAY, R.N.

It is an old story to those familiar with the problems of nursing schools, that the number of nurse instructors qualified to teach the various subjects required in an up-to-date curriculum is much smaller than the actual number available. It is not unusual to hear of a nursing school ready and willing to pay an instructor, but unable to obtain one at any price. For years past the demands made upon the Department of Nursing and Health at Teachers College for trained teachers, have so far exceeded the supply, that in many instances the best the College can do is to suggest to the schools that they send prospective instructors to the College to be trained. This means one more problem for the superintendents of nursing schools to solve. Of course in many schools an appeal to a generous board of directors who should have been encouraged and helped to get it because their has resulted in some provision for a scholarship. Oftentimes a group of people, or one individual interested in the school, has provided the scholarship by means of an annual gift, or the interest on a lump sum was used.

These opportunities were for some time a source of envy to me, because I was in charge of a school conducted in connection with a municipal hospital, and hence had no "generous board" to whom such an appeal could be made. Yet I knew that each year we were graduating young women who were hungry for further education, and who should have been encouraged and helped to get it because their individual loss was small compared to the professional loss resulting from having such women diverted to other kinds of nursing where the demand for their services is always great, but where the ultimate results of their work are not as far-reaching.

This problem was accompanied in my mind by the thought of two women whose names are written large in the history of nursing in this country, and whose interest in nursing education and vision of what that education might be, left its impress on our school more than a quarter of a century ago. I refer to Louise Darche and Diana C. Kimber, superintendents of the New York City Training School

for Nurses, now known as the City Hospital School of Nursing, from 1888 to 1898. It has been the proud inheritance of our Alumnae and School, to carry on the work which these two women put on such a firm foundation, that despite the temporary setbacks incidental to changing politics, the school has always stood in the front ranks and has been no laggard in introducing the reforms that count for progress. For several years it had been in the minds and hearts of many of Miss Darche's and Miss Kimber's graduates, that there was no suitable memorial of their work. Various plans for the usual kinds of memorials had been suggested, discussed and discarded.

Believing in coöperative government and having instituted a certain degree of it, I took these problems to the graduating class of 1916, and after several conferences, the class suggested that they should work out a plan to raise a scholarship fund of \$5,000.00, and that it should be known as the Darche and Kimber Scholarship Fund, to perpetuate the fact that Miss Darche and Miss Kimber were among the early advocates of education, plus training, for nurses.

The plan suggested is embodied in the following memoranda:

1—That an association known as the Scholarship Fund Association of the City Hospital School of Nursing be formed.

2—The object of the Association is to raise \$5,000, the interest of which is to be used as an Annual Scholarship for a graduate of the City Hospital School of Nursing.

3.—The membership of the Association is of two classes, active and associate.

4—The active members must be graduates of the class of 1916 or of any later class, must be in good standing, and have paid in an individual contribution of at least \$10.00. Active members shall consider themselves in honor bound as far as possible to promote the growth of the Scholarship Fund.

5—Associate members are graduates of the School or friends who contribute not less than \$5.00 to the Fund.

6—The Fund is to be managed, until it is complete, by an Executive Committee consisting of the President, Treasurer, and Secretary. When complete, it shall be turned over to the Department of Nursing and Health at Teachers College. The interest will be used for an Annual Scholarship for a graduate of this School, such graduate to be recommended by the principal of the school and to meet the usual College and Departmental requirements. This Scholarship is only to be granted to nurses intending to take the course at Teachers College, and is not to be paid until they have actually matriculated for the course.

7—The 1916 class pledge themselves to raise at least \$500.00, and urge each succeeding class to do likewise.

This plan was submitted to the School, was voted upon, adopted, the Association was formed, and the members of the Executive Committee elected. Then the pupils got to work to consider ways and means of making money, for as a group we were not overburdened with this world's goods, and the same was more or less true of most of our friends, and the friends of the school.

We planned to have a bazaar, and in order to raise money to meet the initial expense, it was voted to discontinue the annual prizes and use the money (about \$20) as a nucleus, then gifts were solicited, both of money and of saleable articles. Our friends responded most generously, and one of the pleasant memories of that year's work is the unity of purpose that characterized our efforts. The members of the Medical Board, the internes, the Alumnae members and many other friends joined hands to help us. Every pupil in the school who had any skill at producing a saleable article, worked early and late to make her contribution a creditable one. All the business firms with whom we had any dealings were appealed to, and responded generously. Finally the eventful day came. Our drawing room, which is really a very beautiful room, 88 feet long and 30 feet wide, had been specially decorated and each class had charge of a long table (made of boards on wooden horses) on which the articles were displayed. I never ceased to marvel at the ability and skill which the pupils possessed and for which this bazaar furnished an outlet. The display would have done credit to a larger and wealthier group, for what we lacked in money, had somehow been made up by increased efforts, and the products rivalled those usually found in the various sales-rooms of our Women's Exchanges. The bazaar was held early in December, and so made a special appeal to Christmas purchasers, and our friends were good enough to tell us our products were well worth the prices asked. In fact we took orders for candies and cakes to be delivered later.

When the bazaar was over, we found we had \$558.00 to our credit, and though this money was in a way what we had worked for, I think there was general agreement that our most valuable assets were the cooperative spirit, and the group activities that had been fostered. The busy days preceding the bazaar were happy ones. We all came to know each other in a different and better way, and the faculty of the school had a welcome respite from problems of discipline. So we were pretty much encouraged, the fund was successfully started and the first class had met its obligation.

The next year the problem was not so easy, the war loomed large upon our vision, and the many more urgent demands for money made us hesitate to launch any scheme that would have even the appearance of diverting funds from the Red Cross and the various war drives. Accordingly the members of the class of 1917 made up its quota of \$500 by individual subscriptions, and contributions upon friends.

The 1918 class raised its quota largely by means of War Savings Stamps. Each member pledged herself to turn into the fund three

War Savings Stamps (each of the value of \$5). We had a supply of 25-cent stamps at the school and the nurse in charge was kept busy making sales. That the pupils were patriotic, interested, and generous is shown by our possession of one hundred War Savings Stamps.

Last fall, when the epidemic was over and the armistice signed, and we were free to think of our own problems, our fund totalled \$1,485, which meant that subscriptions as compared with incomes had been generous. A good friend of many worthy causes, Mr. Adolph Lewisohn, came to our aid with a Christmas gift of \$250, which was announced at our Christmas party, and proved a most popular announcement. Moreover, it served as a great stimulus, because we felt we might succeed in getting \$2,000 before the 1919 class was asked to do its share. This meant saving a year's time as, according to the original plan, it would take ten years to raise the required sum.

At just about this time, the eight-hour day was instituted and the pupils had more time for their own activities. The usual plan of discussing ways and means with the class representatives was followed, and a Students' Exchange was proposed. This meant enlightening a bewildered superintendent as to what was meant by a Students' Exchange. Briefly, each class contributed a sum of money which was pooled to buy supplies that all students usually had to go to town to purchase. These were bought at wholesale and sold at retail. A small office was given over to this purpose and different pupils were assigned to look after the Exchange at definite times. The stock consisted of toilet articles, sewing material, stationery, books, stamps, etc. After the Exchange was started, there were many interesting developments. Different groups volunteered to make cakes, candy, and other tempting eatables. The Bulletin Board became very popular, because we were always looking for some interesting sign or poster, almost every day, a new one, as it was discovered that not only candy and chocolate cake were good sellers, but also individual pies, fruit-tarts, etc. Then too, such services as shampooing, manicuring, laundering caps and fancy blouses, mending, etc., were found to be remunerative, and in our midst we seemed to have experts prepared to meet every need.

There were class festivities and parties, the "eats" for which were provided by the Exchange. At the latter we found our group included some expert fortune tellers, not only those who could read palms and tea cups, but also the East Indian variety who gaze with mystic vision into the depths of a crystal ball and see therein the march of coming events. Some of us who enjoy this form of pastime



found the student variety of fortune at 10 cents per victim quite as thrilling as the usual \$1 variety, and the ability to penetrate and get beneath the "protective coloring," even of members of the faculty, furnished many amusing surprises.

I do not think any dressmaking was attempted, but in the spring season there was some successful and creditable hat trimming done. One student whose returning fiance took her from the school, gave the total allowance which she had received while in training to the Exchange, and the price paid for an article written for the JOURNAL was contributed to the fund.

Our Students' Exchange very rapidly filled a large place in our lives and, in some respects, was to the school what the better type of village store is to the small community. It was profitable, for in March, 1919, we found we had the sum of \$2,000, and thus in three years' time had accumulated what we had expected would take at least four years. Many wealthier schools may consider this a small sum to have to show as a result of so much work, but all things considered, we feel it is pretty creditable, and as previously stated, the money is only a small part of our returns. By far the greater returns have been in the opportunities for knowing each other better, and the stimulus that comes from working for a common purpose. From our knowledge of Miss Darche and Miss Kimber, we know that they too would value these by-products very highly, and we feel that this scholarship fund when complete and in use, will be the type of memorial they would have approved. Some of our training school superintendents who, like Martha of old, are troubled about many things, fear that the introduction of the eight-hour day will give pupil nurses more time to get into mischief and increase the problem of maintaining discipline. To all such I commend a Students' Exchange, with the greatest confidence. Ours is yet in its infancy, and the possibilities seem endless. Developed by different groups to meet varying conditions, it promises to furnish a legitimate outlet for the expression of much that training school life all too often represses.

This sketch outlines the origin and status of our Scholarship Fund to March, 1919, when I left the City Hospital School of Nursing. From various sources I hear of new developments and I know that several hundred dollars have been added to the fund, but the history of the activities and contributions of the class of 1919 and succeeding classes will form another chapter, to be written by my successor, Theodora H. Le Febvre, who is as much interested in the completion of this fund as I am, and who is just as ardent an admirer of Miss Darche and Miss Kimber, whose pupil she was.

## THE RED CROSS

BY CLARA D. NOYES, R.N.

*Director, Department of Nursing*

Hanging above the tablet dedicating the marble building at National Headquarters, Washington, D. C., erected in honor of the Heroic Women of the Civil War to the use of the Red Cross, the Service Flag of the Department of Nursing bears testimony to the services of American women in the struggle which has just ended. A single blue star represents the 19,877 Red Cross nurses who have been in active duty with the Army and Navy Nurse Corps, and the Red Cross, overseas.

In memory of those nurses who have "gone west," 198 gold stars shine on this service flag. The first to appear were for Mrs. Edith B. Ayres and Helen Burnett Wood, both from Chicago, who were killed May 20, 1917, by the explosion of a defective shell on board the *S. S. Mongolia* while on their way to France with an early unit. One by one during the early days of our participation in the war, these stars began to appear. The influenza epidemic claimed eighty-one Red Cross nurses in cantonment hospitals in this country alone. The toll was also great, overseas. Two sisters, Viola and Ruth Lundholm, of Oakland, California, contracted this disease while on their way to France and were buried together at Madgalen Hill cemetery, Winchester, England, while others slipped away in Scotland, in France, in Belgium. Even in Germany, there is a white cross marking the grave of Jessie Baldwin, of Summerville, Pa., who died in line of duty, February 6, 1919, at Coblenz, Germany. The last gold star which has been sewn on this service flag is in memory of Jane A. Delano.

"The Lady with the Lamp" has become a holy tradition to the British soldier. Ask the American doughboy, in his turn, what he thinks of the Army Nurse! She has carried the ideals of Florence Nightingale and other pioneer English and American nurses almost to the front lines of war. Wherever she has gone, she has brought cleanliness, order, peace, and the highest professional skill. Surely these two hundred Red Cross nurses, from the youngest graduate who stepped so eagerly from the doors of her training school into the privations and hardships of war service, to their great leader, Jane A. Delano, have proven forever, with the other American dead, that "greater love hath no man than this \* \* \*"

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Fastening on the Gold Star for Jane A. Delano

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## TO RE-EDUCATE ARMY AND NAVY NURSES

Any nurse serving under the Army or Navy Nurse Corps is entitled to the benefits of the Vocational Rehabilitation Act, provided her disability was incurred while in active service.

Uncle Sam provides for the women disabled in his service as well as for the men. The Federal Board for Vocational Education has a number of women disabled in service registered in vocational courses who are receiving the same consideration during their training as disabled men. One nurse who contracted tuberculosis while on duty is going to be trained for some work not so taxing, after her case has been arrested. Another Army Nurse with serious heart trouble, the after-effects of diphtheria, is preparing to be a landscape gardener.

## GENERAL KNOWLEDGE VS. KAISER GERM

"You'd be quite entertained," writes a Red Cross Nurse now on the Chautauqua platform, "at the very dramatic introduction I have. Our program is worked out so that my speech is always preceded by music, and our baritone, who is a wonder, gets up after the rest of the 'Talent' have left the stage, and sings a verse of the 'Rose of No-Man's Land.' When he reaches the lines 'Mid the war's great curse, stands the Red Cross Nurse,' the American flag is pulled to one side and there I stand between it and a Red Cross flag. Then, without further parley, after the applause has died down, I begin.

"Oh, but I am having a fine time firing off all my ammunition at Kaiser Germ and his great ally, General Ignorance. Of course General Knowledge is the leader of the allied armies of the Red Cross Societies, and what we won't do to those arch conspirators hasn't come within my consciousness! It's a splendid picture—Christ the greatest of all public health workers, His teachings, the spirit of the Red Cross and all the other organizations, and the latest scientific discoveries of General Knowledge to combat Kaiser Germ and General Ignorance."

## RED CROSS PINS

Numerous inquiries concerning the use of the Red Cross pin have reached National Headquarters. Many of the nurses are under the impression that they are not permitted to wear this pin unless they are in uniform. It would appear a most desirable thing, especially during the next few months that all Red Cross nurses should wear their pins.

The Red Cross pin is a protection under certain circumstances and furthermore immediately establishes a point of contact between nurse members of the Red Cross. When worn out of uniform it may be worn as any decoration,—on the left side.



## LAND GRANTS FOR NURSES

"Hey, there Army and Navy Nurses, do you want a home on a Farm?" This is the question which Uncle Sam is asking the nineteen thousand American nurses who have now been released from military service. The United States Reclamation Service bill, which passed Congress at the special session, is undertaking to develop "coöperative farm settlements for soldiers and sailors in all the states." This land is located practically in every state in the Union—"dry land in the West which needs water, which can be provided by building dams and canals. In the East are large areas of cut-over or logged-out timber land, from which it will be necessary to blow the stumps and clear off the underbrush. In the South is a large amount of cut-over land and swamp land which must be drained. The government will have work of all kinds, in connection with these settlements, for the highest technical and clerical positions to that of the laborer."

Any Red Cross nurse who has been assigned to and served with the Army and Navy Nurse Corps, either during the Mexican border activities or the war with Germany, and has been honorably discharged, will be entitled to take up land grants under the Homestead Laws, and "is entitled to have the term of his service but not exceeding ten years, deducted from the three years' residence required by the Homestead Laws. If his service continues after the end of the war, under the same enlistment (having served 90 days during the war), he may have credit for his entire period of service. If he is discharged on account of wounds or disability incurred in line of duty, he obtains credit for his whole term of enlistment; said term extends to the end of the war if he enlisted or was drafted for its duration. However, in neither of these cases can the credit given exceed two years."

As applied to Red Cross nurses assigned to the Army and Navy Nurse Corps, within the meaning of this Act, their beginning of service dates only "from the time they actually became identified with and a part of, the military or naval forces of the United States." Complete information regarding this project may be obtained by writing to the Department of the Interior, Washington, D. C. This subject is well worth the serious consideration of all nurses who have been in war service, although in the case of those who wear three gold chevrons on their arms, the same question arises in their instance as in that of the returning doughboy, which is tersely if somewhat slangily expressed in a recent popular song: "How You Gonna Keep 'Em Down on the Farm?"

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## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK, R.N.

### NEWS FROM BELGIUM AND ITALY

Letters and printed material from Belgium and Italy show revived activity among nurses. The Belgian nurses have organized a national society with headquarters in Brussels, at the address Rue des Eperonniers, No. 44. The president is Mlle. Cécile Bélin, and the secretary Mlle. A. Kestre. The constitution and by-laws sound very practical and earnest. The members are certificated nurses (those with hospital diplomas) and those who, though not regular graduates, have medical testimonials showing two years of practical work. Honorary members are to be admitted, in numbers of not more than one-fourth the number of professionals. One honorary member may be elected to the executive committee. These are evidently to be of the laity,—perhaps medical men. The association will work for the usual purposes, educational advancement, economic conditions, management of mutual affairs such as registry bureau, free legal advice, health insurance, sharing in coöperative societies, etc. It is at present endeavoring to secure the eight-hour day. A number of well-known large hospitals are given as the addresses of committee members, all of whom appear to be nurses.

The Italians have also formed a national association of nurses, which has already issued a monthly bulletin, two numbers of which have reached us. The office of the Secretary-General is at Via Marghera, No. 12, in Rome.

The Italian society is composed of professional nurses and volunteers who had come forward into active service during the war, under the Red Cross. Among these were many young women of the aristocracy, who had the advantage of their class, and who have evidently determined to place their energy and initiative at the service of the nursing profession. We know how difficult it has been to introduce modern forms into the Italian life, and how great a plunge it is for the carefully-bred Italian girl to go out into the world as a professional woman. If the ardent young amateurs will take hospital training, so that they understand their subject thoroughly, they can do a splendid work in Italy. They are interested in public health work, and visiting nursing, and have been in conference with Miss Gardner, Miss Foley and Miss Thomson. The editor of the *Bollettino Mensile* is the Contessa Ginevra Terni de Gregory, at the address given above.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF  
EDNA L. FOLEY, R.N.

*Collaborators:* Mrs. Helen C. LaMalle, New York City, and Mary A. Mackay, Denver, Colorado

### PUBLIC HEALTH NURSING IN ROME

*May 2nd.* Visited the Salaria Quarter Clinic with Miss Race. This was established during the war, for the wives and children of men at the front and is open every day. All medicine is given free. The doctor had not come, so we inspected the two rooms, both on the ground floor, but well kept, and spoke to a few of the patients. The signorina showed me her book gladly when she found that I was not going to stay. The admission book, in which the names are registered, is a cumbersome, heavy volume. In fact the record system never seems to be planned with a view to economizing space, labor or paper. Each patient was obliged to show a tessera or ticket, which was proof that the main support of the family was at the front.

None of the clinics seem to have trained or volunteer nurses, although I have heard of two (one in Milan and one here) that had visiting nurses before the war. The signorina is usually a woman who does all the clerical work, takes the initial history, keeps order in the clinic and attends to supplies. To assist her, she has a cleaning-woman who also sometimes helps to undress the little children. The doctors take the temperatures and give their own hypodermics. Most of the clinical assistants whom the nurses have met have a sneaking fear that the Americans are trying to take their positions away, consequently they are always greatly relieved when a new-comer does not stay indefinitely. Very few records of any sort were kept and no social follow-up work was attempted, although the signorina of this clinic made some afternoon calls to give hypodermics or to do dressings.

In the back of the waiting room was an ambulance, a long, narrow, two-wheeled hand-cart entirely covered by a canvas hood that rolled back like a perambulator top when the patient was being lifted in or out. It was only large enough for one adult patient, but was well equipped with stretcher, mattress and blanket. It had shafts and was pulled through the streets by two men, who were always on call near by. Except for army camions, this seems to be the only type of ambulance in Rome.

From the clinic, we made five calls. On the edge of town, really in the open fields, we found a well built, good looking house that was

as bad as many of our worst tenements. Although the day was warm and sunny, the chill, cold air from the piano terreno, or ground floor, room struck us like a noisome vapor. The unmistakable odor of squalor that indicates overcrowding and lack of ventilating and bathing facilities pervaded even the upper floors that got sunlight. We found our sick baby in the basement. The father, mother and six children lived in one room. They had two beds which seemed fairly clean, a chair, an old dresser and a few cooking utensils. There were no additional clothes hanging on the walls and no food to be seen. In fact, in none of the very poor families do the nurses find food,—the families live such hand-to-mouth lives that there is no food left from one purchase to the next. Bread seems to be the most constant diet. We don't know how the little ones survive.

This family shared their kitchen with two other households and their stove was the usual large platform of tiles, with two small openings on top and corresponding holes in the side. Twigs, dried grass or charcoal were burned in the holes and to get any heat at all someone had to make a draught by fanning with a chicken-feather fan until the food, usually minestra (a thick vegetable soup) or macaroni, was cooked. There were no visible evidences that the stove had been used for days. The father was a wounded soldier and the family was existing on a government pittance, although the man was at that moment looking for work, having been discharged.

In the next room we found a similar family. Here the husband was the patient. He had had malaria so severely that he was only the shadow of a man. His wife was a laundress. Except for two beds, with the mattresses rolled up, the room was perfectly bare, although clean. What impressed us most was the entire absence of wood-work,—there were no shelves, no pantry, no sink, no toilet facilities. All water had to be brought from the fountain. There was nothing about these miserable rooms that made existence possible, much less desirable, but these poor women were just as eager to help their sick as far more favored mothers are apt to be. Few of the charities have been able to function properly during the long four years of war, consequently there is no one agency able, at present, to do much in the way of relief, but the local government does issue certain foods free or at cost to many families.

From this wretched tenement we went to one of the large, comparatively new Beni Stabili apartments. We found a huge, packing-box sort of place, built around a hollow square. It had eight stairways or entrances. (In Rome, a nurse does not ask whether the patient lives front or rear, but on which scala or staircase.) The building was four or five stories high and had a flat roof on which

the clothes, which were washed in the basement, were hung. There were two, three, or four flats on each landing. The building probably housed one hundred and twenty families. The flat that we entered was well furnished and tidy. It had running water, cold, of course, electric light and a gas, as well as a charcoal stove. Under the sink, behind a lattice, clucked an amiable hen; in the kitchen window, lettuce and geraniums shared the flower box. We appeared not to notice the hen, for only recently a patient who had been in America defended hens in the kitchen by saying, "You keep cats and dogs and parrots all over your houses in America. I've seen them."

The court was rather dusty and unattractive, but perhaps in time it will contain some grass and trees. We missed the children and were told that they could not play in the court, but in a room set apart for their games, or in the street. Only quiet babies and sedate adults are welcome in apartment buildings, the world over.

Our last call was in another Beni Stabili house, but here the court had a fountain, some palm trees, and grass, and helped us to see what the first court could undoubtedly become.

"Beni Stabili" is the name of a real estate firm that owns about one-third of the houses for all classes of tenants in Rome. It has some very crowded tenements for the very poor, these decidedly better ones for the artisan's family and very high-grade buildings where one may pay as much rent as he likes.

The housing reform that was going on all over Italy before the war is not a philanthropic movement, but was begun by business firms which were approved by the government. New buildings are not heavily taxed and may be exempt from taxation, and are so planned that the rents are within reach of the working man's purse. The Beni Stabili has been an important factor in the housing reforms of Rome.

#### A ROMAN CHILDREN'S HOSPITAL

On the afternoon of June 13, I visited the Ospedale del Bambino Gesù, with an interpreter and four of the nurses. It is situated on the Janiculum, just behind the old church of San Onofrio, by whose monks Tasso was befriended. The hospital buildings are those of the old convent, very much remodeled.

After we left the tram, one stop before the square of St. Peter's and the Vatican, our way took us through a very narrow, dirty street, the first really dirty street that I have seen in Rome. There were no raised sidewalks and whole families were sitting out, for the ground-floor rooms that were not work-shops or small stores, were homes. The late afternoon sun was not hot and there was a good breeze, but not enough to dispel the disagreeable odors that must of necessity

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cling to a street that is the sewer as well as the rubbish heap of many households. The children were dirty and poorly dressed, the women slatternly, in fact the street was a reproach to civilization, just as such streets are the world over. We passed two churches, a small trachoma hospital, the very forbidding gateway to the Manicomio of San Onofrio (hospital for the insane), an equally grim entrance to the prison, which goes by the remarkable name of Regina Coeli, and after a stiff climb—for that side of the Janiculum is very steep—we found ourselves in the court-yard of the old church, looking down upon Rome, and enjoying the same view that Tasso is said to have loved so much. A few steps beyond was the hospital, walled-in of course, and showing only unattractive, yellow-whitewashed walls to the passer-by. The yards and gardens of all old Italian houses are inside, only a few of the very newest villas are built in the midst of, rather than around, their gardens.

In spite of the fact that its main buildings were several centuries old, we found everything ship-shape and modern, the patients clean and well cared for. The hospital contains well equipped medical and surgical departments, a good operating room, and very good isolation pavilions for cases of infectious diseases. A dispensary is being built, a gift of the American Red Cross. When the children are first admitted, they are kept in observation rooms for four days and are then assigned to the wards. Both acute and chronic cases are taken, but the chronic cases seem to have the preference, for we saw a great many children with tuberculosis lesions (not pulmonary) who had been in the hospital for years. Most of them are given the sun cure, for the broad roofs of the hospital wings are well adapted for open-air treatment and heliotherapy is very much practised in Italy.

The hospital is under the care of the Sisters of St. Vincent de Paul, who were very gentle and skillful with their young charges, boys and girls ranging in age from a few months to twelve years. The nuns assist the doctors in the surgery and give the medicines and the special treatments,—the general nursing care and the heavy work of the hospital being done by the infermiere, or servant-nurses, as they are called. These are untrained, for the most part illiterate women who live in the hospital and are paid 20 lire (about \$4.00) a month.

*(To be continued)*

#### ITEMS

To meet the demand for social service workers in different departments, the University of Rochester has established a department in Social Work which is being financed by the Social Service Com-

mittee of the Third Presbyterian Church and is supported by a number of other social organizations in the City.

Miss Belle D. Boyeson, a graduate of the Syracuse University, who has had three years graduate experience in Bryn Mawr College and at the School of Philanthropy, New York, is in charge of this course.

The responsibility for lectures on the distinctly nursing side of the courses will be assumed by Mary Laird, Director of the Rochester Public Health Nursing Association, a graduate of the Rochester General Hospital, and of the department of Nursing and Health, Columbia University.

The strictly medical subjects will be supplemented by lectures by some of the city's leading specialists.

The course will be opened by an address by Dr. C. E. A. Winslow of Yale University and followed by a lecture by Dr. Edward T. Devine of New York City. The course will open in October of this year and extend until June of 1920, and will include courses for four distinct groups of workers: Public Health Nurses, Social Service Workers, Volunteer Workers, and a broad educational course applicable to all the groups. There will be conferences and opportunities for field work.

*Minnesota.*—The forty-first session of the Legislature has passed an act authorizing city and village councils, boards of county commissioners and town boards, to employ public health nurses. The bill passed both houses promptly, without revision or amendment. The nurses are to be chosen from the list of nurses registered in Minnesota; the nurse may be employed as a visiting nurse. There are other important provisions of the bill, but these two points are of special significance. Heretofore communities have been rather slow about thinking that home bedside care should be given by nurses paid from public funds. Minnesota now has forty-four county public health associations and in time hopes to have such an association in each county and at least one public health nurse attached to each association.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF  
ALICE SHEPARD GILMAN, R.N.

### A RECORD OF STUDENT NURSES' DUTIES, SPECIAL AND GENERAL

The accompanying record sheet, which was worked out by Eunice A. Smith, of the Rochester General Hospital, is complete in its information and simple in its construction.

The object of this record is to show the amount of work covered by each student, monthly, making it possible to get a complete picture of all students' service at one time. In placing students for special duties, it is possible to see at a glance the duties needed and if the student is in any special department, the date on which she is due to come out of that department is recorded on the sheet, for the dates of entrance and completion are filled in, as shown by the diagram.

For the general duties, this space is filled in *with pencil* from the time book each month. For example, Miss Adams was on Ward East 4 for three weeks, and on Ward East 5 for one week. If the previous record shows two weeks on East 4, that is erased and the three weeks is added, making five weeks total up to date, the week on East 5 being recorded in the same manner. The night duties are recorded on the upper level of the same space.

In this way there is no possibility of overloading any one service for a student or of giving an incomplete service. It can be seen at a glance just how much of medical men, medical women, orthopedic children, surgical children, etc., every student has had, or needs, without going over the time cards. The information is all on one large double sheet, one side being used for the special duties and the other for the general ward service. If the school is unusually large, it is possible to use one large sheet on both sides for special duties, and another sheet of the same size for general work.

As the student completes a special duty, the dates are erased and a check is made, thus establishing better coöperation between the student body and the school administration, denoting that the service is complete. It is possible with this system to plan all special services for six months in advance with the view of utilizing the executive material for head-nurseships or special elective work during the last six months of training.

There is also no possibility of giving a nurse night duty on two women's wards or vice versa; it does away with unequal distribution

of service and makes it an obvious fact when students are remaining twelve weeks on one ward, doing general duty.

We, as administrators, have not only the care of the patients to consider, but the hospital as a teaching institution, as well. The work should be organized with changes made not oftener than every four weeks for each student on general duty, that is to say, seniors move on one Monday, Intermediates the next, etc., thus not depleting the entire ward at any one time of nurses accustomed to its operation, but keeping the instruction moving systematically.

This record is practical and workable, as it has been in use for several years. It is a great time saver and in the end produces a concrete result,—a well balanced systematic service for every student in the school.

The time has arrived when we must all put forth a supreme effort to create and utilize every facility for better teaching and closer correlation of our theory and practice.

In the tables which follow, x means duty completed; date indicates duty contemplated or nurse in duty at the time.

In the tables of special services, the headings indicate services as follows:

C. P., Children's Pavilion	S. R., Supply Room
D. K., Diet Kitchen	Mat., Maternity
S. P., Surgical Pavilion	O. P. D., Out-patient department
S. S., Social Service	P. P., Private patients

## Ward Duties, General

NAME	C. P.	D. K.	S. P.	S. S.	S. R.	MAT.	O. P. D.	S. S.
Sept., 1917.								
Ames, Miss	x		x			x		
Colebath, Miss		x			x		x	x
Cummings, Miss				x				
Danbury, Miss	x		x		7-7 14-28			
Ewers, Miss						8-12 5-3		10 18
Foot, Miss	x		9-11 15-10			x	x	
Forman, Miss	x 8-9							
Gorton Miss	12-10	x						
See Jan., 1918								
Atwood, Miss	10-10 11-8	9-12 10-10	x	x	x	x	x	x
Burns, Miss								
Bloomfield Miss	x	x	x		x	x	x	x
Brewer, Miss								
Bigelow, Miss								
Hutchings, Miss								
Holebrook, Miss								
Inch, Miss								
Etc.								

x—Duty completed.

Date—Duty contemplated or nurse in duty at the time.



*Special Duties or Services*

NAME	E-I	E-II	E-III	E-IV	E-V	W-II	W-III	W-IV	W-V	W-VI
Jan., 1917	4n								5n	
Adams, Miss	5	8	7	4	1	8	5	7		8
Blake, Miss	6	4n	4	4	6	5	8	5n	9	6
Barber, Miss	6	8	3	4n	4	2	8	10	6	5n
Carpenter, Miss	4	6	7	2	3n	5	1	4n	4	4
Davis, Miss	8	4	2n	6	3			2	5n	
Emery, Miss			1	8	6	4	8	8	4	5
Gordon, Miss										
Jones, Miss										
Etc.										

*Seniors*

Noyes, Miss		4		4n			5		3	
Pike, Miss				2						
Parsons, Miss										
April, 1918			3n							
Allen, Miss	6		4			8	4			4
Atkins, Miss	8									
Burns, Miss	4n			4	4			6		8
Coleman, Miss	2									
Dunbar, Miss				2n		5		4	2	4
Etc.				3						

*Juniors*



## Ward Duties, General

NAME	C.P.	D.N.	S.P.	S.S.	S.R.	Mat.	O.P.D.	P.P.
Jan. 1917			10-11			12-8		X
Adams, Miss	x	x	12-8	x	x	4-5	x	x
Blake, Miss	x		x		x		x	x
Barber, Miss	x	x						x
Carpenter, Miss	x	x	6-20 8-18			x	x	x
Davis, Miss	x	x						x
Emery, Miss	x	x		7-10 10-7				x
Gordon, Miss			8-18 10-11					x
Jones, Miss	x	x	x		x	x		x
Lake, Miss		x						
Noyes, Miss	x		x					
Pike, Miss	x	7-4 8-4		x		8-4 12-2	x	x
Parsons, Miss	x		x					
Apr. 1917								x
Allen, Miss								
Atkins, Miss		x		x		x		x
Burns, Miss						x		x
Coleman, Miss	x		x			x	x	x
Dunbar, Miss		x		x		x		x
Fitch, Miss						x		
Gilbreth, Miss	x		x					x
Hopkins, Miss								
Etc.								

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**CANCER OF THE TONGUE.**—*The Journal of the American Medical Association* mentions that a great increase of cases of cancer of the tongue and lip may be looked for in the next fifty years. Cancer frequently arises from syphilitic scars in the mouth. Chronic irritation, particularly that due to smoking, seems to be the great exciting cause. As this is so much more common among women than it used to be, buccal cancer may be expected to increase amongst them. It is now comparatively rare. Cancer of the tongue seldom occurs amongst the lower animals, there being only five cases on record.

**EXCESS OF FAT IN FOOD.**—In an article in the *Ohio State Medical Journal* it is stated that while few persons eat too much, it is difficult to regulate the diet so there will not be an excess of fat taken. It renders the urine acid and causes various distressing symptoms. It is thought that too high a percentage of fat reduces the intake of protein and carbohydrates, causing anemia and other disorders arising from malnutrition.

**FOREIGN BODIES IN STOMACH.**—In a report of cases in the *Annals of Surgery*, by a Baltimore surgeon, it is stated that there were removed from one patient, 1,059 small steel pins, 129 hair pins, 49 safety pins, 36 pieces of wire, buttons, etc.; in all, 1,290 different articles. The patient had swallowed them.

**SYPHILIS.**—In a paper in the *American Journal of Medical Science* it is asserted that the prevailing view is correct; once syphilis has invaded the body it is very difficult, if not impossible, to eradicate the disease. Proper treatment will minimize its effect on the person affected and render him comparatively harmless to the community. The establishment of clinics in connection with general hospitals is recommended and prophylactic treatment at the earliest possible moment.

**DEATH FROM RHUBARB LEAVES.**—A death is reported from eating rhubarb leaves which had been fried and prepared for greens. The case presented all the symptoms of oxalic acid poisoning. That salt is present in considerable quantity in rhubarb leaves and a very small amount in the stalks, not dangerous in the quantities usually eaten.

**FATALITIES IN HOSPITALS.**—In the *Journal of the American Medical Association* a writer considers the fatalities in hospitals due to

patients falling from windows. They were numerous in Cook County, Illinois. He thinks a standard hospital window and window screen should be devised that would prevent these accidents. Until these are used nurses should be on guard, especially during late afternoon and early evening, when the attempt is most frequently made. Toilet rooms should have barred windows and delirious patients or those likely to become so, should be specially protected.

**DYSMENORRHEA.**—A paper in the same Journal advises the trial of benzyl benzoate in cases of painful menstruation. The prescription used is benzyl benzoate 10 gm., mucilage of acacia 5 gm., aromatic elixir of eriodictyon 35 gm. Give one-half to two teaspoonfuls according to spasmodic type. In the forty-three cases, 81.3 per cent of the patients were relieved of painful menstruation.

**GRADUATE COURSES IN PUBLIC HEALTH.**—Eleven medical schools have established graduate courses in public health. Five of these have courses leading to the degree of Doctor of Public Health; three after a two-year course; and two, after a one-year course. The degrees of Graduate in Public Health, Certified Sanitarian, and Master of Public Health, are also given under varying conditions. It is proposed that the fee for the course leading to a degree or certificate, shall be \$250.00 and \$35.00 for instruction in any single branch of the course.

**OPENING HYPODERMIC NEEDLES.**—A correspondent in the *Journal of the American Medical Association* recommends an instrument by which the lumen of hypodermic needles can be kept free from rust and other obstructions. It is the pivot broach, used by jewelers to drill very fine holes in watch repairing. It is the size of the lumen of the needle and about the same length. If handled carefully, they are very satisfactory. They can be obtained from any jewelers' supply house at a very moderate cost.

**CONVULSIONS AND EPILEPSY.**—A writer in the *American Journal of Diseases of Children* says there is no way to determine immediately when a baby, or child, has a convulsion, or has had repeated convulsions, or has had repeated attacks suggesting petit mal, whether it has epilepsy or whether it will develop later.



## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

### BACK NUMBERS OF THE JOURNAL

#### I.

Dear Editor: I have practically all the numbers of the JOURNAL for the past two years to dispose of.

Massina Hotel,  
Bakersfield, Calif.

EDITH PEALE

#### II.

Dear Editor: With the exception of a few numbers, I have the JOURNALS from 1913 to 1917, and would be glad to send to any one who could use them.

2021 Castillo Street,  
Santa Barbara, Calif.

JEANNIE JAMIESON

### A SATISFACTORY COURSE IN EXECUTIVE WORK

Dear Editor: The members of the Postgraduate Executive Course at the Illinois Training School, Chicago, completed their course and were awarded certificates on August 15. The course was the first of its kind offered in this state to women holding executive positions in the nursing profession. The eighteen enrolled members represented Illinois, Texas, South Dakota, New Jersey, Philippine Islands, and Canada. During the six weeks' period the total number of lectures and classes amounted to 148, with 25 excursions to various institutions which proved of value and interest. It is the consensus of opinion of the nurses who availed themselves of this splendid opportunity, that much credit is due Mary C. Wheeler for her untiring efforts and wise counsel. The course was a success, interesting and beneficial to all, enabling the members to carry on their work with better equipment, mental and physical, as a half hour each morning prior to the study period was devoted to setting-up exercises. It is hoped the course may be given each year for the benefit of nurses doing institutional work.

CAROLINE H. SOELLNER,  
Secretary of the Class.

### AN UNUSUAL DECORATION

Dear Editor: On July 6, tired, hot and thirsty, we all stood in line on board the ship *Imperator*, waiting assignment to our cabins. Our tug had not been able to get to the gang-plank, as they were coaling on one side and taking on troops on the other. After much heated discussion between the tug's captain and the ship's officers, it was decided to raise the gang-way stairs and pull us up to the open door. The difficulty being thus overcome and we had quite safely landed in the hold. Going up several flights of stairs, we were finally brought to a standstill in a crowded hallway and told to wait. A little later we were told that the nurses were wanted in the Recreation Room on B deck. Upon our arrival there, we found the officer in charge of the Army Personnel who, in a few words of introduction, informed us that the French Military Headquarters at Brest had sent out a representative to decorate the nurses of the A. E. F. He then introduced a French General (I am sorry I did not get his name) who made a very pleasing address, in English, in which he said the French military organization and the civilian population of France had looked on with interest at the large

number of American women nurses that were brought to France to care for the sick and wounded. To-day he took this opportunity of telling these nurses and through them, all nurses of the A. E. F., that France was very grateful to them for their services in helping to carry the war to a successful issue, that France considered it a privilege to have had these women throughout the length and breadth of her land and honored them for their great help to humanity everywhere. He then introduced some six or eight ladies who came forward, followed by a dozen young girls dressed in white, carrying large bouquets of lilies and roses, which they presented to the chief nurses. Eleanor Keely, with a few appropriate remarks, accepted the decoration for all A. E. F. nurses. All were then formally introduced to the visitors and had a pleasant half-hour trying to converse in French.

U. S. A. General Hospital No. 2,  
Fort McHenry, Md.

LAURA A. BEECROFT,  
Chief Nurse, A. N. C.

### RANK FOR NURSES

#### I.

Dear Editor: In reading the article on Rank for Nurses, in the August number of the AMERICAN JOURNAL OF NURSING, I find that some of the nurses' experiences in going overseas were somewhat similar to an experience I had in December, 1918. I was in charge of a unit of 30 nurses of the Army Nurse Corps, all in uniform. We were being transferred from a camp in the southern part of Texas, to a camp in eastern Georgia. Leaving Texas Christmas night, our trunk checks and tickets were given me by the Lieutenant of the Quartermaster Department, who told me that the Pullman was for us and that we had a porter who would go through with us to Georgia, which we all thought was lovely. It was about 9:30 p. m. when we boarded the train and the first thing I did was to have all our berths made up, as we were tired after our Christmas day, and so we all retired. About 1:00 a. m. the train started and just as I was nicely settled down for the night, I heard a voice call out, "Who has charge of this crowd?" and I answered. It was the Pullman conductor, who wanted to see our tickets and who, after looking at them, remarked, in a very gruff voice, "Who told you to use all the berths in this car, when your ticket only calls for 18 of them?" So there we were in bed, and had to get up and double up, two in a berth, both upper and lower. Though the others in the car were made up, we were not permitted to use them, by order of the conductor. At Houston, we changed conductors, and when the new one came along, I asked him why we had to sleep two in a berth when we had the whole sleeper, and he said that the government only paid for the eighteen, and that we must not use any other space in the car. So for three days and nights 30 nurses traveled like emigrants in these United States. The last night on the train there was a sleeper attached to ours in which there were 20 junior Naval officers, and it was absolutely impossible for any of our nurses to enter the dining car, as these officers pushed by and occupied all the seats there. When we were served there was very little left to eat, though we paid for what we did get. Now if we had had rank, that would never have happened, as I know that we would be in the senior class, whereas we were just Army nurses. The diner was taken off the train about 6 a. m. the next morning, so we lost out on supper the evening before with nothing to eat until we reached camp at 3 p. m., almost twenty-four hours without anything to eat except a few apples for which we paid ten cents apiece, on the train. There was no heat in the car and it was much colder in Georgia than in Texas.

We reached camp at 4 p. m. and when we reported we were told we were not needed, as there were enough nurses at that base. You can guess our feelings after such a trip. I wrote full particulars of our trip to the commanding officer at the base in Texas, and in reply he said that he was sorry, but the government did not allow a single berth for each nurse and that he had nothing to do with that matter as the Quartermaster attended to it. But the Naval officers had a single berths each in the car attached to ours. I am out of the service now, after 19 months, and I am in favor of the nurses having rank; it is the only thing that will put the nurse in the Army where she belongs. I have been in the government service for over six years and not only in the Army branch, and I feel sure that rank is the only thing. There is something that has often bothered me in the army camp, and it is this: Why is it that at some hospitals the nurses have tablecloths and napkins, while others have to eat from dark varnished tables and have not as much as paper napkins? Then again, as all hospitals are allowed the same amount of money for each nurse, why can't they be treated the same all over? The officers all have tablecloths and at most places the corps boys also. Everything has not been all sunshine in the home service since the armistice was signed. We were all willing to do and to take anything before that but it seems that after that, everything got worse. My best wishes are for the establishment of rank for nurses.

Minnesota

X. M. G.

## II.

Dear Editor: Assuming that Army Nurses are given rank in the near future, is it going to change the attitude of the medical profession towards the nursing profession, or is it merely going to add to the nurses' burdens? The Army does not welcome an innovation. We all know what the Army Nurse Corps endured during its early days when the officers with deliberate intention would ignore the nurses, consult the ward-master regarding the patients' condition, give him the orders, etc., and a dozen other things humiliating to trained women. There are men in the Army to-day who bitterly opposed the establishment of an Army Nurse Corps, but thanks to the patience and ability of our long suffering veterans, this opposition was finally overcome. These same men in after years sang their praises and many commanding officers, when assigned to post hospitals petitioned the Surgeon General for nurses. This change was not effected, however, without a bitter struggle on the part of the nurses, a quiet one, we admit, but a struggle nevertheless. Then there was the old question of menial labor, of which we hear so much to-day. That battle, too, was fought and won by our veterans when the dishes used by the patients were allowed to accumulate for several days after the nurses had been ordered to wash them. However, I am not a veteran of that battle and cannot give the details. Of recent date is the order giving the nurses full charge of the ward,—another innovation. Now what effect did that order have? Previous to the issuing of that order, the nurses appealed in vain to the ward surgeon to help them in being recognized and obeyed as far as related to the nursing work. Was it fair to add the responsibility of the ward work without some means of support? If a nurse happened to have spirit enough to insist on her rights, we all know the results. She was branded as being hard to get along with, or dubbed "hard boiled" and her life was anything but pleasant. I appealed to the Chief of Service in one particular instance and his reply was, "This camp has been running for three months without nurses and we had no trouble until they came." Here let me state that this man was not a Regular and is connected with some of our largest hospitals, consequently I wondered at

his attitude. I then decided to have the question settled by the Commanding Officer, and was told that "The Army now is different from the old, now our corps men are dentists, lawyers, etc., and have to be treated accordingly. They are not accustomed to being ordered about by women." Not in one instance did I succeed in securing a direct decision in favor of the nurses. The doctors either decided against them or evaded an issue until the nurses would endure anything rather than report it. I had to hear it, however, and was utterly powerless to help. Now, what I should like to know is, why these nurses were asked to give up their positions in civilian life if they were not needed. Many at that time were still paying for their apartments out of their paltry salary, not knowing how long their services would be required by the Army. Upon receipt of the order from Washington stating that the nurse must be recognized as head of the ward, the doctors went to the other extreme. As one doctor remarked, "They have what they want, now let us see how they like it." I was then notified of every trivial thing that went wrong on the wards. One nurse was reminded that the stumps in the yard surrounding her ward had not been pulled. The same officer called at my office one evening at nine o'clock to report that a nurse had not called attention when he entered the ward. It is easy enough for the average doctor to order a nurse about, he is accustomed to that, but he failed when placed in charge of men. Does it not seem that something should be done in our training schools to change this attitude? The nurses have been servants long enough. Their loyalty to the physician has been poorly repaid. In the Base Port at Brest I heard a nurse remark, "I have taught nurses for many years and taught loyalty to the physician, but hereafter I shall teach them how to stand up for themselves." So it seems there are others who have had experiences similar to mine. "We need rank more on account of the officers." I felt like clapping for Miss Parsons when I read that. All chief nurses, I am sure, think so, but all have not the courage to say so. By all means we must have rank, but it must consist of something more than an extra paragraph in the M. M. D., and remember the ward surgeon still outranks us, and so there must be explicit understanding as to what is the nursing work and what is the surgeon's work. There must be someone to hear our complaints and decide in our favor when we are right. There must be some way of submitting our problems to the Surgeon or some other authorized person other than the Commanding Officer, without it being considered a crime to do so.

Texas

AN OLD ARMY NURSE.

### III.

Dear Editor: May I, as a member of the Navy Nurse Corps, add my appreciation of the article on Rank for Nurses, by Helen Hoy Greeley, in the August JOURNAL? We in the Navy are just as anxious for Rank as the Army Nurses, not because it will mean more respect from the enlisted personnel, but because it will make the officers appreciate that we are women of refinement, as well as members of a profession. One might almost think their rank was quite too much for them, for most of the officers are young graduates. I am sorry to say that most of the fault lies in the Medical Corps, not the Line Officers. Only too often do the ward officers transfer their duties to the shoulders of the nurse to be met by her as best she can. Ofttimes I wonder if I am still a nurse, I have been Acting Master at Arms so long. I had looked forward with pleasure to my work as it was pictured to me; namely, preparing hospital corpsmen for sea service; a duty which I, as a woman, was denied. Instead, I find the cleaning for inspection of far more importance than the patient or his care. I have had over two

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years of home service, although I came into the service with the promise of immediate overseas duty, and were it not for the occasional little things that only a woman can do for a boy that is ill, I should feel my time entirely wasted. Under the heading, "Recommendations," in the article by Sara E. Parsons, can be found a very important item, namely, "Laywomen may well be substituted as housekeepers, in the diet kitchen, etc." The other "Recommendations" are absolutely essential, if during some future emergency, a Red Cross Nurse will again be expected to join the Army or Navy forces.

Newport, R. I.

A NAVY NURSE.

#### ANOTHER POINT OF VIEW

Dear Editor: Just a few lines to tell you how much I enjoyed my work while in the Army. I was so glad that I could go overseas and help to take care of the boys. Everyone was good to me, and we had good food considering war time, and I just loved every crack and corner of our hospital. I was in charge of wards part of the time. There was only one thing,—I wanted to follow the boys on up the lines and help to make them comfortable on the fields, and they did not send me. My life was not any better than the boys'. At any time if I can offer my services again, I will be only too glad. I am sorry I can't stay in the Army. When I received Miss Thompson's letter while in France, that as I was over the age of 35 I could not stay in longer, it just broke my heart. I have seen in the JOURNAL that some of the nurses were not satisfied with the way they were treated. Maybe in some places they were not treated just right, but it was in time of war. I wish all the nurses could feel the way I do about it. I got a great deal out of my work over there, and if at any time I can be of any service to the Government, I will, gladly.

B. C. M.

#### SOUTHERN NURSES VICTIMS OF A FRAUD

Dear Editor: On the ninth of June, last, a young man came into our town representing himself to be a solicitor for subscriptions to your magazine as well as other nursing journals. In fact, he offered club rates on several nursing journals and practically every graduate nurse in our town gave him one or more subscriptions, even the superintendent of the Sanatorium here. He had a plausible explanation when I asked if it were not unusual for the JOURNAL to send out solicitors and it was this: Thousands of nurses called to serve their country were giving so much of their time and strength to sick and wounded soldiers that nursing journals were temporarily forgotten and many subscriptions lapsed. The sudden withdrawal of many thousands of subscriptions coupled with the high cost of production threatened the journals with extinction, so the editors of the various magazines formed "The American Promotion Association" and sent agents throughout the country in an effort to re-build their subscription lists! Yes, indeed, one of us is born every minute! Needless to say I, nor anyone else, received a copy of the JOURNAL. I am enclosing the receipts with the man's signature in the hope that you may prevent other nurses elsewhere from being swindled, for he is no doubt traveling all over the country sowing his little pink slips and reaping a fat return.

Louisiana

M. R.



# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

The chairman of the Nominating Committee, Marietta B. Squire, sent nominating blanks to all state and territorial associations, the latter part of August. Associations are urged to give consideration to these nominations at their next state meeting, if this is held before January 1st; and if not, at a meeting of the Board of Directors. All blanks should be returned to Miss Squire as early as possible. There should be a nomination from each state in order to have the candidates for election represent the whole country.

A vacancy has occurred in the Board of Directors because of the death of Miss Delano, whose term was from 1918 to 1922. Miss Noyes has appointed Frances M. Ott, chairman of the Private Duty Section, to fill this vacancy until the next convention, when a successor to Miss Delano will be elected, to serve from 1920 to 1922.

### THE INTERSTATE SECRETARY

At the time of the League meetings in Chicago, in June, a joint meeting of the League Directors and those of the American Nurses' Association was held, at which Adda Eldredge was appointed to serve for another year as Interstate Secretary.

Miss Eldredge was present at the League meetings and then went to Montana for July, attending, first, the meetings of the Montana State Association at Missoula, and then the meeting of several western states at Glacier Park. Her vacation was spent at Glacier Park.

Her fall work began on August 29 at Billings, Montana. Other engagements, to the date of this writing have been:

August 30-September 3, Bozeman, Montana; September 3-6, Butte, Montana; September 7-14, Spokane, Wash.; September 15, Colfax, Wash.; September 16-18, Walla Walla and Yakima; September 18, Seattle.

The next engagements ahead are for Oregon, Idaho, Utah, California, and Arizona. These will probably occupy the entire fall. Nurses living in the southwest or central west should plan for visits on her return trip.

In making plans for Miss Eldredge's visits, officers should bear in mind the groups she may address, such as associations of nurses, Leagues, student nurses, high school or college girls, and even boards of hospitals, or training school trustees.

### SURVEY OF ACCREDITED SCHOOLS

A survey of the accredited training schools for nurses is being made by the American Nurses' Association and the Bureau of Information of the American Red Cross. Returns from schools east of the Mississippi are sent to R. Inde Albaugh, 44 East 23rd Street, New York; from those west of the Mississippi, to Mary C. Wheeler, 509 Honore Street, Chicago. Three papers are sent to each school, all of which should be very accurately filled out. This work should be done at once, and the papers returned, so that the information may be available for all.

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## THE NURSES' RELIEF FUND, REPORT FOR AUGUST, 1919

*Receipts*

Previously acknowledged .....	\$2,848.80
Mrs. Leona Moody, La Ceiba, Spanish Honduras.....	5.00
Wilhelma S. Agnen, Chicago, Illinois.....	2.00
Sarah J. Graham, New York Post Graduate Hospital Alumnae Association, New York City .....	10.00
Metropolitan Hospital Alumnae Association, New York City.....	15.00
Brooklyn Nurses .....	2.25
Indiana State Nurses' Association .....	10.00
A Public Health Nurse, Chicago, Illinois.....	12.50
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	\$2,905.55

*Disbursements*

Application approved, No. 2, 44th payment.....	\$10.00
Application approved, No. 5, 31st payment.....	20.00
Application approved, No. 6, 40th payment.....	15.00
Application approved, No. 7, 34th payment.....	15.00
Application approved, No. 11, 31st payment.....	15.00
Application approved, No. 14, 18th payment.....	15.00
Application approved, No. 15, 14th payment.....	15.00
Application approved, No. 18, 4th payment.....	20.00
Exchange on cheques .....	.50
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	\$ 2,780.05
Thirteen bonds .....	13,000.00
Two certificates of stock .....	2,000.00
Eight Liberty Bonds .....	8,000.00
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Balance September 1, 1919.....\$25,780.05

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York City.

(Mrs. C. V.) M. LOUISE TWISS, *Treasurer*.

FUND FOR THE FLORENCE NIGHTINGALE SCHOOL,  
BORDEAUX, FRANCE

(This fund is being raised by American Nurses and their friends in honor of all nurses who have given their lives in active war service. All money received will be forwarded to Dr. Anna Hamilton, head of the school. Make checks payable to the AMERICAN JOURNAL OF NURSING.—Ed.)

Previously acknowledged .....	\$12.00
Agnes G. Deans, Washington, D. C.....	5.00
Nurses of Base Hospital No. 104.....	20.00

(Extract from letter received with last contribution.)

"I am sending you \$20 for the Nightingale Training School Fund. This is from the nurses at Base Hospital, No. 104, formerly stationed at Beau Desert Hospital Center, France. While at Beau Desert in the early

spring, we had the pleasure of having Dr. Hamilton take tea with us. Afterwards she gave us a short talk, telling of her trip to America, visiting the large training schools at Johns Hopkins, Bellevue, Presbyterian, New York, and Massachusetts General. She seemed to be very much pleased with the reception she had received in America, and believed that the nurses were going to aid in the enlargement of her training school. She has had, I am sure, a great many difficulties to overcome in her work in Bordeaux. We visited the hospital later, and found a superior class of French girls were receiving training here. Her records were the best I have ever seen. When the pupil enters the school, she is given two books, made up in skeleton form, covering all theoretical and practical work. They must be filled in complete, before the nurse finishes her training. When she leaves the school the books are her own property. Thus she has a complete record of all the training she has received. Dr. Hamilton is a very charming personality. I found her very enthusiastic about enlarging her hospital and training school, as she fully realizes that France is very far behind in methods of caring for the sick.

LAURA A. BEECROFT,  
*Chief Nurse, A. N. C.*

#### ARMY SCHOOL OF NURSING

Since our report of last month, the student nurses have begun affiliations with the following hospitals: Illinois Training School of the Cook County Hospital, Chicago; New York Nursery and Child's Hospital, and New York Lying-in Hospital, New York.

In the near future, students will be sent for their affiliating courses to the Boston Lying-in Hospital, the Peter Bent Brigham Hospital, Boston, and to the Newton Hospital, Newton Lower Falls.

There are approximately 275 students taking the affiliating courses at this time.

Louise Parsons, who was instructor of the training school unit at U. S. A. General Hospital No. 3, Colonia, N. J., has been transferred to U. S. A. General Hospital No. 41, Fox Hills, Staten Island, to which post the students at Colonia were transferred.

JULIA C. STIMSON,  
*Dean, Army School of Nursing.*

#### ARMY NURSE CORPS

It will be a great satisfaction to the members of the Army Nurse Corps to hear that informal information has been received in this office that the Distinguished Service Medal is to be awarded to Dora E. Thompson, Superintendent, Army Nurse Corps. As soon as the Secretary of War has conferred the decoration upon Miss Thompson the Citation which accompanies it will be published in these columns.

No person more highly deserves such public recognition for her tireless devotion to duty and her long years of service than Miss Thompson. Only those who have been associated with her closely in her work at Washington, or those who have benefited by the results of her labors can appreciate the enormous amount of work that Miss Thompson has accomplished, especially since the beginning of the war. Without glamor and glory Miss Thompson has been behind the scenes, as it were, but because of her efficiency and her efforts it was possible for the nurses whom she sent overseas and whom she directed in home

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service to obtain the results which they accomplished. Miss Thompson's decoration is a decoration of the whole Army Nurse Corps, and will be a source of pride to every member of the Corps.

Blanche Rulon, who as Chief Nurse of Base Hospital No. 27, rendered very efficient and valuable service overseas during the greater part of the war, was ordered to the office of the Surgeon General for duty and was appointed Assistant Superintendent, Army Nurse Corps, August 25, 1919.

During the month of August the following named nurses were transferred from the Reserve to the Regular Corps:

Marguerite Geertsens, Katie Murphy, Martha M. Sutter.

The following named nurses have been appointed in the regular Corps during the month of August:

Jane Frances Brown, Harriett V. Garner, Jolla O'Brien, Claudia E. Sykes, Blanche H. Eager, Naomi Helland, Maude A. Quinn, Frances D. Troutman.

During the month of August, 1,566 nurses have been relieved from active service in the military establishment and 789 have returned from overseas.

JULIA C. STIMSON,

*Acting Superintendent, Army Nurse Corps.*

THE UNITED STATES CIVIL SERVICE COMMISSION will hold an examination for trained nurse on October 22 and December 10, in many cities, for the position of trained nurse in the Panama Canal Service. This is open to both men and women. Inquiries should be sent to the Secretary of the United States Civil Service Board in any large city, or in Washington.

THE NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES held its annual convention in August, in Boston. At the closing session an address was given by Winifred Rand, director of the Baby Hygiene Association. The members were given an excursion to Long Island as guests of the city. Officers are: President, Mrs. Adah B. Thoms; recording secretary, Bertha M. Thomas, Louisville; corresponding secretary, Mrs. Nannie L. Kem, Philadelphia. A reception was given by citizens of Boston in Convention Hall.

**California: San Francisco.**—THE SAN FRANCISCO CITY HOSPITAL has appointed Marion B. Dibble as Theory Instructor in its training school. She assumes her duties October 1st. The Letterman General Hospital at the Presidio has published a most attractive History, fully illustrated, which covers all its various services.

**Florida.**—A NEW LAW FOR STATE REGISTRATION OF NURSES was passed by the legislature and was approved by the Governor on June 9, 1919.

#### AN ACT TO PROVIDE FOR THE STATE REGISTRATION OF NURSES

Session Laws of Florida, 1919

*Be it Enacted by the Legislature of the State of Florida:*

Section 1. The Governor shall appoint a board of registration of nurses consisting of five nurses, all of whom shall be residents of the State and engage in professional work. They shall have been graduated each from a different training school, shall have had five years' experience from date of graduation in professional nursing of the sick and two years' experience from date of graduation in teaching nurses. They shall be registered nurses under the laws of this State. Nothing herein contained shall be construed as in any way affecting the term of office of any of the present members of the board. Upon the expiration of the term of office of any members of said board the Governor shall appoint a successor, who shall hold office for four years, or until their successors are appointed and qualify. The Governor shall have a right to remove any member of

said board for neglect of duty and shall have a right to fill vacancies occurring in said board from time to time in same manner as original appointments are provided for herein.

Sec. 2. That it shall be the duty of said Board of Examiners to meet at some convenient point within the State not less than once a year, and annually in the month of June, and elect from their members a president and a secretary-treasurer, who shall likewise act as an inspector of training schools for nurses in the State. Three members of the board shall constitute a quorum, and special meetings of the board of examiners shall be called by the secretary upon written request of any two members, and said board shall have the right to draw such rules and regulations as may be necessary for their government not in conflict with the laws of this State.

Sec. 3. Said board shall have a seal, and the secretary shall keep a record of all the proceedings of said board, including a register of the names of all nurses and training schools for nurses registered under this act. Said register shall be open to inspection and said inspector shall inspect all training schools for nurses existing in the State of Florida, and shall register such schools as comply with the provisions of this act and the rules and regulations promulgated thereunder. Said board shall cause the prosecution of all persons violating the provisions of this act, and may incur the necessary expenses in so doing.

Sec. 4. The salary of the secretary shall be fixed by the board and shall be not less than one hundred nor more than twelve hundred dollars per annum, payable monthly upon requisition to the comptroller out of the funds known as the State Board of Nurses' funds. The other members of the board shall receive five dollars per day for each day actually engaged in attendance upon the meetings of said board, and all necessary expenses incurred while looking after the business of the board. All of the expenses of the board, including salaries, shall be paid from monies received as fees under the provisions of this act upon vouchers itemized and certified to the comptroller.

The State Board shall make a report to the Governor on or before the first day of April in each and every year after the passage of this act covering the entire transactions thereof, including all receipts and disbursements, together with a full list of names of nurses registered under the provisions of this act, and such training schools as have been recognized by said board.

Sec. 4½. All monies received by the secretary for registration, or otherwise, under the provisions of this act shall be legally transmitted to the State Treasurer, to be credited to the fund known as the "State Board of Nurses' Fund."

Sec. 5. That each member of said board, before entering upon the discharge of his or her duties, shall take the oath of public office as required by law. The secretary-treasurer shall give a bond in the sum of five hundred dollars, payable to the Treasurer of the State, for the faithful performance of his or her duties, said bond to be approved by the Governor.

Sec. 6. It shall be the duty of the board to meet for the purpose of holding examinations not less than once in each year at a time and place as they may determine, and the board may adopt rules for the government and examination of applicants for registration in accordance with the provisions of this act. Notice for the meetings for examinations of said board shall be published in two newspapers of general circulation and in the AMERICAN JOURNAL OF NURSING, and notice by mail to every registered training school in this State at least thirty days prior to the meeting. At such meetings it shall be the duty of the board to examine all applicants that meet the requirements of this act, and to issue to each duly qualified applicant who shall have complied with the provisions and passed the examination a certificate of registration.

Nurses who are not graduates as herein provided, those desiring to nurse as practical nurses, may apply on blanks furnished by the board, first paying an examination fee of five dollars to the State Board for examination, and if the board finds thereupon the applicant competent to practice nursing, said board may issue to the said applicant a certificate authorizing him or her to practice as a licensed attendant, but not as a registered nurse. Any person to whom a certificate shall be issued shall, within sixty days thereafter, cause the same to be recorded with the clerk of the court of the county in which such person resides, and such person shall, whenever requested, exhibit such certificate or certified copy thereof. All applicants for registration shall furnish satisfactory evidence that he or she is twenty-one years of age, of good moral character, and has

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graduated from a school for nurses connected with a hospital approved by the State Board in which such school is located, except in cases herein provided for, and all persons registered as a registered nurse under this act, shall pay the treasurer of said board a registration fee of ten dollars, which shall accompany the application, and shall annually thereafter pay to the said treasurer a renewal fee of one dollar, all of which shall be deposited in the State Treasury to the credit of the "State Board of Nurses' Fund."

Sec. 7. The board, upon written application and the receipt of ten dollars (\$10.00) as registration fee, may issue a certificate without examination to those who have been registered as registered nurses under the law of another State having the required equivalent to those of Florida; provided, that the board shall be the sole judge of credentials of any nurse admitted to registration without examination.

Sec. 8. Before any person, except those herein specifically excepted, shall be given a certificate of registration each person shall be required to take an examination from said board to determine his or her qualifications as a trained nurse, and shall pass the same to the satisfaction of the board. The examination to be given such applicants by said board shall include the following subjects: Practical Nursing, Surgical, Obstetrical, Hygiene, Contagion, Dietetics, Materia Medica, Anatomy, Physiology, Gynecology, and all other matters deemed necessary and proper by the board to establish the fitness and qualifications of the applicant.

Sec. 9. It shall be unlawful for any person to practice nursing as a trained nurse without having obtained a certificate, or license, or permit of registration, as herein provided. A permit may be issued trained nurses by the secretary of said board, upon receipt of application and registration fee for State registration in this State, said permit to be valid from date issued until the next meeting of said board.

Sec. 10. The said Board of Examiners may refuse to issue or renew a certificate of registration provided for in this act for any of the following causes:

1. Presentation to the board of any license, certificate or permit which was illegally or fraudulently obtained, or the practice of fraud or deception in passing an examination.

2. Chronic or persistent inebriety or addiction to a drug habit, which disqualifies the applicant to practice with safety to the public.

3. Any act of dishonesty, or gross incompetency, or act derogatory to the standing or morals of the nursing profession, or any other grossly unprofessional or any dishonorable conduct of a character likely to deceive the public, may be just cause for said board to revoke a certificate.

4. In all proceedings for suspension or revocation under this act the holder of a certificate shall be furnished with a copy of the charges, and shall be given thirty days to prepare a defense. He or she shall be heard by said board, in person or by counsel, as he or she may select, and upon such hearing and in all matters arising in the course of their duties, the secretary shall have the authority to administer the oath, and at such hearing the board may take oral or written proof for or against the complaints which it may deem will best preserve the facts.

Sec. 11. That this act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a trained nurse.

Sec. 12. Any person who has received a certificate according to the provisions of this act shall be styled and known as a registered nurse, and shall be entitled to append the letters R. N. to his or her name, and no person shall assume or knowingly permit any other person to assume or use such abbreviation, R. N., or any other words or figures, after his or her name, or after the name of any person for the purpose of indicating that such a person is a registered nurse, unless registered as required by this act.

Sec. 13. Any person who shall, after January 1st, 1920, practice as a trained nurse, or in anyway represent himself or herself as a trained or registered nurse in this State, without holding a certificate, or permit, as herein provided, or who shall violate any of the provisions of this act, shall be subject to a fine of not less than five (\$5.00) dollars, or more than fifteen (\$15.00) dollars, and each

day such person shall practice or violate any provisions of this act shall be deemed a separate offense.

Sec. 14. Any person who shall wilfully make any false representations to such board in applying for a certificate of registration shall be guilty of a misdemeanor, and, upon conviction, be fined not less than ten (\$10.00) dollars, or more than two hundred (\$200.00) dollars, and all costs of the court.

Sec. 15. All certificates of registration issued by said board shall be signed by the president and secretary and the seal affixed.

Sec. 16. Every person receiving a certificate from said board shall cause the same to be recorded in the office of the county clerk of the county in which such person resides, and shall pay to the clerk the sum of fifty (50c) cents for recording the same.

Sec. 17. All laws and parts of laws in conflict with this act are hereby repealed.

**Georgia.**—THE GEORGIA STATE NURSES' ASSOCIATION will hold its annual meeting in Atlanta, October 13-15. Sarah E. Sly will be present to speak on Reorganization. Plans will be made for the convention of the American Nurses' Association to be held here next April.

**Illinois.**—THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Moline, December 4 and 5. **Chicago.**—OLGA ANDERSON, class of 1914, Wesley Memorial Hospital, formerly assistant chief nurse at Fort Sheridan, is in charge of the Bureau of Information at Wesley Hospital. CLARA JACOBS, class of 1919, is instructor in the Methodist Hospital, Los Angeles. MINA RYON, class of 1919, has charge of the obstetrical department at the Silver Cross Hospital, Joliet. GERTRUDE KELLOGG, graduate of the Presbyterian Hospital, has gone to Pekin, China, as a missionary nurse. MARIE T. PHELAN, returned from service abroad, has been appointed assistant to Minnie H. Ahrens, Central Division of the American Red Cross. ANNE HANSEN has been made surgical supervisor at the Washington Park Hospital; she is a graduate of Hahnemann Hospital. ROSE FARN, class of 1905, Hahnemann Hospital, has been appointed supervisor at the Mary Thompson Hospital. MARY MCKAY, recently of Denver, and ISABEL CARRUTHERS, returned from service abroad, have been made field supervisors of public health nurses under the Central Division of the Red Cross.

**Indiana.**—THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting at the Claypool Hotel, Indianapolis, October 7-9. The meetings on the 7th will be especially for the League; and on the 9th for the Public Health nurses. Miss Goodrich is expected for the League meeting. **Indianapolis.**—FLORENCE J. MARTIN, formerly superintendent of nurses at the City Hospital, and chief nurse of Base Hospital No. 32, has accepted a position as teacher in the Red Cross teaching center. Maude Heath, formerly a public health nurse in this city, has returned from service in France and the Balkans and has been decorated with the Serbian Cross of Charity. Grace Austin, class of 1918, Indianapolis City Hospital, is taking a post-graduate course in Mt. Sinai Hospital, New York. Mary B. Sollers has resigned as superintendent of nurses at the Indianapolis City Hospital, because of ill health; she is succeeded by May Kennedy, graduate of St. Joseph's, Chicago, who has been for eight years superintendent of nurses at the State Hospital, Kankakee, Ill. **South Bend.**—BELLE EMDEN, who has been for some time the field worker for the Indianapolis Charity Organization, has accepted a position in government clinical work in this city. **Paoli.**—MATILDA STEILBERG, of Louisville, has been appointed Red Cross Community Nurse for Orange County.

**Iowa.**—THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will hold its

annual convention in Des Moines, November 4-6. The place of meeting will be announced later.

**Kansas.**—THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration in Newton, November 18 and 19. Applications should be sent not later than November 8 to the secretary, Sister Mary Helena, St. Barnabas Hospital, Salina. **Topeka.**—THE FIRST DISTRICT ASSOCIATION was formed at a meeting held in September by twenty-five nurses, representing nine counties. Six alumnae associations will be included in the membership: Stormont, Christ's, St. Francis and the State Hospitals, Topeka; Sabetha, Sabetha; Horton, Horton. The annual meeting will be held in September; regular meetings in January and April. Officers elected are: President, Mrs. C. C. Bailey, Topeka; vice-presidents, Beth Wright and Anna St. Bonnet; secretary, Theresa M. Smith; treasurer, Mrs. Damaris Payton; directors, Miss R. Reynolds, Horton; Mrs. R. D. Montgomery, Mina Rippeth, Margaret Fitzgibbons, Edith White, Anna Henry, of Topeka. THE TOPEKA PUBLIC HEALTH NURSING ASSOCIATION will receive \$11,372 as its share in the annual budget of the City Commissioners.

**Kentucky.**—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct a semi-annual examination for the registration of graduate nurses at the John M. Norton Memorial Infirmary, Louisville, November 18 and 19, 1919, beginning at 9 a. m. For further information apply to Flora E. Keen, Secretary-treasurer, Somerset.

**Massachusetts.**—THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, October 14 and 15, 1919, at time and place which will be designated on admission cards issued on the filing of applications. Application for any examination must be filed at least five days before the examination date. Each applicant must be present both days until dismissed. Walter P. Bowers, M.D., Secretary, State House, Boston. THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its autumn meeting in some one of the outlying counties, during October, the desire being to take the message of the aims of the association to those members who have for so long come so far to get it. The Councillors of the State Association at the June meeting appointed a committee to consider the establishment of a scholarship in Teachers College for executive or teaching work, in memory of the nurses who made the great sacrifice in the World War. THE STATE LEAGUE OF NURSING EDUCATION at its June meeting, held conjointly with the State meeting, heard a report from Helen Redfern that a course of ten lessons in the Principles of Teaching had been given on Friday evening at the Massachusetts General Hospital. The aims were to stimulate more interest in teaching among pupils about to graduate, to provide practical assistance to young teachers who have had no definite or systematic instruction in teaching methods, and to give older teachers points in newer methods. The corresponding secretary of the State Association, Mary E. P. Davis, may be found at the headquarters of the Association on Wednesdays, or on other days by appointment, and may be consulted on nursing affairs, such as membership of alumnae associations or individuals in the State. Applicants for training schools may get from her a list of schools whose graduates are eligible for state and national membership and for the Red Cross Nursing Service. **Boston.**—MARY ALICE MCMAHON, after over fifteen years' service, has resigned from the Boston City Hospital, as Superintendent of Nurses and Matron, and has accepted a similar position at the Boston Street Hospital. Sara E. Parsons, after her long war service and vacation, re-

sumes her position at the Massachusetts General Hospital on October 1. Helen Wood, who has been acting superintendent, will go to St. Louis to take charge of the training school of the Washington University Hospital. The Massachusetts nurses regret Miss Wood's departure, as she has shown herself wise in her administration and loyal to her profession. **Taunton.**—URSULA C. NOYES, superintendent of the Morton Hospital, reports many improvements being made, among others the purchase and equipment of a nurses' home separate from the hospital. **Roxbury.**—THE BETH ISRAEL HOSPITAL will soon open a training school for nurses. **Plymouth.**—LAURA E. COLEMAN, graduate of the Boston City Hospital, succeeds Miss L. S. Smart as superintendent of the Jordan Hospital.

**Michigan.**—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination for State Registration on October 7 and 8, 1919, in the House of Representatives, State Capitol, Lansing. All applicants who desire to take the examination should have their applications on file with the Board at least fifteen days prior to the date set for the examination. Harriet Leck, Secretary, 511 Oakland Building, Lansing. THE MICHIGAN STATE NURSES' ASSOCIATION held a conference in the Upper Peninsula, July 14. Fifty nurses from the northern part of the state were in attendance. The meeting was called to order by the president, Mrs. H. B. Morse. The address of welcome was given by Mrs. Moore. Prof. Dora M. Barnes of the University of Michigan gave a report of the Chicago meeting of the National League of Nursing Education and a paper on Public Health Nursing. Sarah E. Sly gave a paper on Organization, its benefits and how best to bring this about. She also spoke of the many interests represented in the AMERICAN JOURNAL OF NURSING and asked for more subscriptions; also recommended that nurses be better informed on parliamentary law. Frances Clark gave a report of the special meeting of the State League of Nursing Education held in Chicago. Dolly Twitchell spoke on the need for classes in Home Care of the Sick under the Red Cross and told what Michigan had accomplished along these lines. Miss Potts, of the M. A. C., leader of Home Demonstration agents, told how the nurses can cooperate with the Home Demonstration Department. Miss Parker was also one of the speakers. The Executive Board of the Michigan State Nurses' Association held a meeting September 2. East Lansing.—ELIZABETH L. PARKER has been appointed executive secretary of the Michigan Antituberculosis Association. **Detroit.**—The *Bulletin* issued by District No. 1 of the State Association had its July edition devoted to the Army Nurses, with photographs, reminiscences, news, etc. **Ann Arbor.**—THE UNIVERSITY OF MICHIGAN has been authorized by its Board of Regents to offer a combined literary and nursing course, which will begin with the fall semester. The entire course covers five years, three years of which will be given to work in the Department of Literature, Science and Arts, and will include all of the work required of regular students, with some provision made for independent election, and two years in the Training School of the University Hospital. On satisfactory completion of this five-year course, the University gives an unrestricted degree of Bachelor of Science, and a Diploma in Nursing. In order to secure the privilege of the shortened course, a student nurse completes all of the required work with scholarship above the average, and must spend at least one year in the University in residence in the Arts Department. Students already in the University may be able to adjust their schedules to meet these requirements. Students will meet their expenses as usual while taking their academic work, but will have no expense during the period spent

in the training school of the Hospital, except for their necessary text books, it being recognized that the service rendered is equivalent to living expenses. The University of Michigan has also established a course in Public Health Nursing, to which graduate registered nurses and senior pupil nurses of approved schools will be eligible. The Regents of the University decided to take over the support of the Department of Public Health Nursing, which was financed this year by the State War Board. Beginning with the fall semester this department will offer two courses, one of four months and one of eight months. In each the work will be divided between theoretical work at the University and field work in Detroit, and other communities, including Washtenaw County, of which Ann Arbor is the county seat. Twenty-three students from the first group have received certificates and most of them are at work in Michigan; twenty others attended the summer session.

**Minnesota.**—THE MINNESOTA STATE REGISTERED NURSES' ASSOCIATION will hold its annual meeting in the Wilder Building auditorium, St. Paul, October 22, afternoon and evening. Sarah E. Sly will talk on Organization. Reports from new districts will be discussed, all but one having been organized. **Minneapolis.**—THE UNIVERSITY COURSE IN PUBLIC HEALTH NURSING, which opened September 1, is the third four months' course to be given by the University in coöperation with the Public Health Association and many social agencies.

**Mississippi.**—THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its eighth annual meeting on October 30 and 31, at Carnegie Hall, Jackson. Every registered nurse in the state should arrange to be present at this meeting. THE STATE LEAGUE OF NURSING EDUCATION will hold a meeting at Jackson, October 31. All nurses engaged in educational work are urged to be present.

**Montana.**—FLORENCE AMES, president of the Montana State Nurses' Association, has been appointed superintendent of tuberculosis nurses for Idaho.

**New Hampshire: Claremont.**—THE CLAREMONT GENERAL HOSPITAL ALUMNAE ASSOCIATION held its seventh annual meeting at the Nurses' Home on June 3. The constitution and by-laws recommended by the State Association were adopted. The following officers were elected: President, Mabel Groves, Manchester; vice-president, Marjorie Perkins, Manchester; secretary, Gladys Larabee, Claremont; treasurer, Mrs. Clara H. Rice, Claremont; directors, Mona Mortimer and Mary Prunier of Claremont, Mildred McKee, Bellows Falls, Vt.; and Mrs. Jessie B. Mears, Haverhill, Mass.

**New Jersey.**—CHRIST HOSPITAL NURSES' ALUMNAE ASSOCIATION held a social meeting on September 19 at the Nurses' Home, with Mrs. William Ritchie in charge of the programme. Absent members are asked to write letters, telling what they are doing, to the secretary, Mrs. William Horning, 162 Edgar Street, Weehawken. These would be read at future meetings. THE NURSES' CLUB OF HUDSON COUNTY will hold its first business meeting of the season at 201 Montgomery Street, Jersey City, on October 3. The members are endeavoring to secure a club house for nurses.

**New York.**—THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting at the St. George Hotel, Brooklyn, September 21-23. The chairman of the Programme Committee is Emma Pond, 121 DeKalb Avenue, Brooklyn; chairman for the League, Mrs. Emogene Peck; for the Public Health, Mrs. Anna Hansen of Buffalo. The chairman of the Arrangements Committee is Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn. The League meetings will be held on the 21st, with an evening joint meeting; the Public Health meetings on the 21st; the state meetings, proper, begin on the 22nd. All of these meetings are open to all nurses,



however, and will all be of value. The evening session on the 23rd will be held at the Brooklyn Hospital. Those who plan to attend are urged to make reservations of rooms in advance, as all hotels are greatly crowded and it is difficult to secure accommodations. Rates for hotels: St. George Hotel, Clark and Hicks Streets, single rooms with bath, \$3.50 to \$5.00 per day up; two in room, \$7.00 per day up. Bossert Hotel, Montague and Hicks Streets, single room with bath, \$4.00 per day; two in room, \$6.00 per day. Clarendon Hotel, 284 Washington Street, single room with bath, \$3.50 per day; two in room, \$5.00 to \$6.00 per day. Pennsylvania Hotel, 7th Avenue and 32nd Street, New York City, single room with bath, \$5.00 per day; two in room, \$9.50 per day. Nurses' House, 38 West 48th Street, New York, three in room, \$1.50 per day. **Buffalo.**—THE WESTERN NEW YORK DISTRICT ASSOCIATION, No. 1, reports work done since its organization as follows: In February, permanent officers were elected. In March, Dr. N. G. Russell was speaker and told his experiences in army life. April—Speakers from the Medical, Dental, Pharmacists, and other professions expressed their views on Health Conservation. Dr. Marshall Clinton related his experience with the A. E. F. May meeting held at Niagara Falls: Resolutions was adopted dissolving the Public Health Nurses' Association and forming that group in the District Association. Dr. F. N. C. Jerauld gave an interesting talk. June meeting held at Buffalo, at which Dr. F. E. Fronczak gave a very interesting talk. It was reported that the Association now has six hundred and sixty-seven members. Meetings were discontinued during July and August, but a regular meeting was held September 17th, at Buffalo. **Rochester.**—IDA MCAFEE, formerly superintendent of nurses at the Homeopathic Hospital, is holding a similar position at the Western Hospital, Toronto. **Saranac Lake.**—THE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, met on September 2 with Helen R. Lucy. Livingston Chapman gave a talk on "Y" Work in France.

**Pennsylvania.**—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting in Philadelphia, November 11-14. Margaret J. Moran, St. Agnes Hospital, is chairman of the Arrangements Committee. **Pittsburgh.**—WILLIAMINA DUNCAN will engage in teaching in training schools for nurses, her subjects being Anatomy and Physiology, Bacteriology, Hygiene, and History of Nursing. **Altoona.**—MERCY HOSPITAL held its sixth annual commencement in Jaffa Temple on May 1 for a class of four nurses. The Ladies' Auxiliary gave a reception at the close of the exercises. The following evening, the Junior Auxiliary gave a dinner and dance at the Logan House. THE ALUMNAE ASSOCIATION held its annual meeting in the sun parlor of the hospital on June 24, when the following officers were elected: President, Ferma E. Hoover; vice president, Mrs. E. O. Gable; secretary-treasurer, Mrs. Nevitt Loudon. During the past year the association has purchased a Liberty Bond, has presented a service flag bearing thirteen stars to the staff, and has furnished a private room in the new hospital building.

**Rhode Island.**—THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State Capitol, Wednesday and Thursday, November 19 and 20, 1919, at 9 a. m. For further information and application blanks, address the secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket.

**Tennessee.**—THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting in Chattanooga, October 7 and 8. The speakers will be Sarah E. Sly of Michigan and a representative from the U. S. Public Health Service. A splendid programme and social diversions have been arranged.

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**Washington.**—THE WASHINGTON STATE NURSES' ASSOCIATION held its annual meeting in Spokane, July 11-13. The principal business was the discussion of the new by-laws to be adopted, as recommended by the Committee on Revision. The officers were reelected except the secretary, Beatrice Short, who is leaving the state for a time. The new secretary is Alice M. Claude, Consuello Apartments, Spokane.

**Wisconsin.**—THE COMMITTEE OF EXAMINERS, at its June meeting, elected Mrs. Mabel C. Bradshaw of Milwaukee, as chairman. The vacancies on the board were filled by the appointment of Margaret Packenham, Milwaukee, and Grace Crafts, Madison. THE LEGISLATURE, at its last session, passed a bill making it compulsory for the counties to employ a public health nurse or a health instructor before July, 1921. This bill provides for a standing committee to examine applicants, to furnish a list of accredited nurses to the counties, and to set standards. This committee is composed of one member appointed by the State Board of Health, one by the Department of Education, and one by the Committee of Nurse Examiners. The nurse member of the committee is Myra W. Kimball of LaCrosse.

#### BIRTHS

On July 6, at Bethlehem, Pa., a son, to Captain and Mrs. J. R. Tyson. Mrs. Tyson was Hannah May Lever, class of 1913, Kensington Hospital for Women, Philadelphia.

On August 20, at Philadelphia, a daughter, to Mr. and Mrs. Barton H. Kelly. Mrs. Kelly was Agnes Stringer, class of 1916, Protestant Episcopal Hospital in Philadelphia.

On July 18, at Superior, a son, to Mr. and Mrs. Franz A. Sepsch. Mrs. Sepsch was Ruth Dinon, graduate of St. Joseph's Hospital, St. Paul, Minn.

On July 2, a son, to Mr. and Mrs. E. J. Mitteus. Mrs. Mitteus was Miss Thomasosky, graduate of the Long Island College Hospital, Brooklyn, N. Y.

On August 20, a daughter, to Mr. and Mrs. E. G. Geise. Mrs. Geise was Miss Kemloskie, graduate of the Long Island College Hospital, Brooklyn, N. Y.

On July 6, a son, to Mr. and Mrs. B. J. Murphy. Mrs. Murphy was Bertha Gilbert, graduate of the Long Island College Hospital, Brooklyn, N. Y.

On August 6, at Louisville, Ky., a daughter, to Mr. and Mrs. J. F. Horeck. Mrs. Horeck was Dulcie Dencel, class of 1916, Hope Hospital, Ft. Wayne, Ind.

#### MARRIAGES

On July 31, at Washington, D. C., Grace Ellen John, class of 1915, Western Pennsylvania Hospital, Pittsburgh, to Arthur M. Bohnert. Captain and Mrs. Bohnert will live in San Francisco.

On July 31, at Coraopolis, Pa., Fleda Wilson, class of 1915, Western Pennsylvania Hospital, Pittsburgh, to William Adams. Mr. and Mrs. Adams will live in Coraopolis.

On June 6, at Mt. Vernon, N. Y., Amelia Smyth, class of 1913, Kings County Hospital, Brooklyn, to Walter Leslie Hall.

On August 4, at Auburn, N. Y., Ruby Elizabeth Corning, class of 1916, Kings County Hospital, Brooklyn, N. Y., to Charles Lester Henderson.

On July 26, in New York City, Gertrude Lay, class of 1918, Kings County Hospital, Brooklyn, N. Y., to Frank B. Lester.

On August 16, in Brooklyn, Ruth K. Bennett, class of 1918, Kings County Hospital, Brooklyn, to Paul W. Albright.

On August 23, Mary K. Moore, class of 1907, St. John's General Hospital, Pittsburgh, to George Sargent. Mr. and Mrs. Sargent will live in Cleveland, Ohio.

On August 23, Flora Jane Laidlaw, class of 1914, Bellevue Hospital, New York, to Stuart A. Hunter. Mr. and Mrs. Hunter will live in Watertown, N. Y.

On August 21, in Altoona, Pa., Gertrude Johns, class of 1902, Western Pennsylvania Hospital, Pittsburgh, to George Grover Dalton. Mr. and Mrs. Dalton will live in Slocumb, Ala.

On August 28, in Mt. Pleasant, Pa., Anna Frances Berdyck, class of 1914, Western Pennsylvania Hospital, Pittsburgh, to Casper Milotta. Mr. and Mrs. Milotta will live in Mount Pleasant.

On August 27, Mary E. Augustine, class of 1918, Mercy Hospital, Altoona, to Harry W. Edmundson. Mrs. Edmundson had been operating-room supervisor in Mercy Hospital.

In August, in Massachusetts, Caroline H. Hoffee, class of 1915, Long Island College Hospital, Brooklyn, N. Y., to Dr. Heftner. Dr. and Mrs. Heftner will live in Montana.

In August, Lillian Robbins, class of 1919, Long Island College Hospital, Brooklyn, to Dr. Curry. Dr. and Mrs. Curry will live in Brooklyn.

In August, Geneva Castle, class of 1919, Long Island College Hospital, Brooklyn, to Captain Hope.

On August 27, Mary Enright, class of 1915, Long Island College Hospital, Brooklyn, to E. J. McClenen. Lieutenant and Mrs. McClenen will live in Oakland, Calif. Miss Enright was with Naval Base Hospital No. 1 at Brest, France.

In August, Mildred Brennee, class of 1918, Long Island College Hospital, Brooklyn, to Edward Shirwell, U. S. N.

On August 23, Rachel Barnett Mifflin, graduate of the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, to Harry Maas Ullman, M.D., of Lehigh University. Miss Mifflin has been in charge of baby saving work at Bethlehem, Pa., for two years.

On September 16, at Buffalo, N. Y., Eleanor O. Dunphy, class of 1918, Buffalo Hospital Sisters of Charity, to Arthur Stuart Huebschwerlen, M.D. Dr. and Mrs. Huebschwerlen will live in Buffalo.

Recently, Florence Duncan, class of 1917, Wesley Memorial Hospital, Chicago, to R. M. Hester, M.D. Dr. and Mrs. Hester will live in Sheridan, Ill.

Recently, Ann Hoffman, class of 1918, Wesley Memorial Hospital, Chicago, to Chester Pearson. Lieutenant and Mrs. Pearson will live in New York.

Recently, Hildur Molander, class of 1917, Wesley Memorial Hospital, Chicago, to A. M. Sedbetter. Lieutenant and Mrs. Sedbetter will live in Conway, Arkansas.

On August 18, at Yuma, Arizona, Althea B. Graves, class of 1917, St. Joseph's Hospital, Phoenix, to W. J. Waidle. Mr. and Mrs. Waidle will live in Yuma. Miss Graves was assistant superintendent of the Yuma General Hospital for eighteen months.

On January 21, in Italy, Marguerite Hummel class of 1915, Harrisburg Hospital, Harrisburg, Pa., to Frank Caplan. Mr. and Mrs. Caplan are living in Detroit, Mich.

On June 10, Helen Smith, class of 1917, Harrisburg Hospital, Harrisburg, Pa., to Bruce Klugh. Mr. and Mrs. Klugh will live in Enola, Pa.

On July 4, Charlotte Cummings, class of 1915, Harrisburg Hospital, Harrisburg, Pa., to Jack Cort. Mr. and Mrs. Cort will live in New York.

On August 23, Anna B. Falk, class of 1914, Harrisburg Hospital, Harrisburg, Pa., to J. Lloyd Keim. Mr. and Mrs. Keim will live in Harrisburg.

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On August 14, Edith Montgomery, class of 1919, Lutheran Hospital, York, Nebraska, to F. G. Snyder, M.D. Dr. and Mrs. Snyder will live in York.

On July 15, at San Antonio, Texas, Ella Walukonis, class of 1917, St. Joseph's Hospital, Reading, Pa., to J. H. Kerr. Mr. and Mrs. Kerr will live in San Francisco.

On June 28, in St. Paul, Minn., Irene Fraepont, graduate of St. Joseph's Hospital, to B. C. McDonald. Mr. and Mrs. McDonald will live in St. Paul.

Recently, Edna Moalston, class of 1914, Metropolitan Hospital, Blackwell's Island, New York, to Major J. Fox, U. S. A., M. C.

Recently, Hazel Shields, class of 1918, Metropolitan Hospital, Blackwell's Island, N. Y., to H. Harele, M.D. Dr. and Mrs. Harele will live in Maryville, Kansas.

On August 29, at Shoals, Ind., Lucy Ellen Gilley, class of 1917, Robert W. Long Hospital, Indianapolis, to Orville Roberts. Mr. and Mrs. Roberts will live in Spring Valley, Ill. Miss Gilley was a floor supervisor at the hospital, and later a private duty nurse.

On August 30, at Indianapolis, Ruth E. Cobbs, graduate of the Sibley Memorial Hospital, Washington, D.C., to Morton H. Reeves. Mr. and Mrs. Reeves will live on a farm near Indianapolis. Mrs. Reeves is vice president of the Marion County Nurses' Association and was a private duty nurse.

On August 8, at Newark, N. Y., Mary Scales, graduate of the Children's Hospital, Boston, to John Day, M.D. Dr. and Mrs. Day will live in Indianapolis; both have served with Base Hospital No. 32. Miss Scales was head nurse of the children's ward, Indianapolis City Hospital.

On August 23, at Indianapolis, Mary Blanche MacElwaine, class of 1909, Indianapolis City Hospital, to John J. Dailey. Mr. and Mrs. Dailey will live in Indianapolis. Miss MacElwaine was a school nurse.

On August 23, at Indianapolis, Glee Bowen, class of 1918, Methodist Episcopal Hospital, to Clinton H. Given. Mr. and Mrs. Given will live in Indianapolis.

On August 25, at Newton Highlands, Mass., Mary G. Newman, graduate of the Massachusetts Woman's Hospital, Boston, to Rodney Edward Pratt. Mr. and Mrs. Pratt will live in Concord, Mass.

Recently, Zulema Parcell, class of 1918, Presbyterian Hospital, Chicago, to Wesley Emmett Gatewood, M.D.

On March 10, at Cannes, France, Helen Framsted, class of 1914, Presbyterian Hospital, Chicago, to Lieutenant Harry D. Wagner.

On April 15, in Paris, France, Bernardine Fennelly, class of 1916, Presbyterian Hospital, Chicago, to Captain J. A. Noble.

On April 5, Ruth Laura Wells, graduate of the Presbyterian Hospital, Chicago, to Leonard R. Gibson. Mr. and Mrs. Gibson will live in Detroit.

On April 19, at El Paso, Texas, Faye Lillian Jackson, graduate of the Presbyterian Hospital, Chicago, to Thomas A. Christian.

On May 31, Mary A. Jacobson, graduate of the Presbyterian Hospital, Chicago, to George H. Dunlap, M.D. Dr. and Mrs. Dunlap will live in Toledo, O.

On August 6, Priscilla Speicher, class of 1914, Hope Hospital, Ft. Wayne, Ind., to George Kettle. Rev. and Mrs. Kettle will live in Nebraska.

On July 25, Marjorie Hall, class of 1908, Hope Hospital, Ft. Wayne, Ind., to Earl Henson. Miss Hall had recently returned from foreign service. Mr. and Mrs. Henson will live in Battle Creek, Mich.

## DEATHS

On June 27, at Detroit, Mich., Addie Hamilton, graduate of Hahnemann Hospital, Chicago.

On July 10, at the Harrisburg Hospital, Harrisburg, Pa., after a long illness, Esther Ruth, class of 1912, of the same hospital.

On April 19, at Saranac Lake, N. Y., Mrs. A. P. Campbell. Mrs. Campbell was Alice Page, class of 1908, Metropolitan Hospital, Blackwell's Island, N. Y.

On April 28, in New York City, very suddenly, Ruth Linegar, class of 1917, Metropolitan Hospital, Blackwell's Island, New York.

On May 10, at St. John, New Brunswick, Ella Rowe, class of 1902, Metropolitan Hospital, Blackwell's Island, N. Y.

Recently, Mrs. Henry Unangst. Mrs. Unangst was Eliza Beale, class of 1902, Hahnemann Hospital, Chicago.

On July 26, at Indianapolis, Mrs. Susan Peake, class of 1886, Indianapolis City Hospital. Mrs. Peake was a very successful private duty nurse, making many friends wherever she went.

On May 31, in Addison, N. Y., Harriet B. Shant, class of 1918, Rochester General Hospital, Rochester, N. Y. Miss Shant died of tuberculosis after many months of suffering. She was dearly loved by all who knew her, both patients and friends.

On July 31, in Oyster Bay, N. Y., Mrs. G. D. Clarke. Mrs. Clarke was Anna H. Sommer, class of 1907, Orange Memorial Hospital, Orange, N. J. For the past two years Mrs. Clarke had been doing school nursing, having volunteered her services during the time of war, when the village was unable to secure a nurse.

On June 10, at Baltimore, Md., after a long illness, Margaret Lehner, class of 1911, Maryland Homeopathic Hospital. Miss Lehner was a successful private duty nurse for two years, after which she rendered faithful and conscientious service as superintendent of nurses in the hospital from which she had graduated. She bore her illness with wonderful patience and fortitude; she will be well remembered by a large circle of friends. She had been a member of the American Red Cross since 1914.

On August 26, at Augustana Hospital, Chicago, Lila F. Pickhardt, class of 1894, Illinois Training School, Chicago. After graduation, Miss Pickhardt was for some time operating-room nurse at the Presbyterian Hospital, Chicago. Later she held the position of superintendent of nurses at the City and County Hospital, St. Paul; at Augustana Hospital, Chicago, for twelve years; and at the Pasadena Hospital, Pasadena, for six years, where she was serving until the time of her illness, two years ago. Miss Pickhardt had a most beautiful character and a wonderful influence over all who knew her. Her work was marked by the greatest devotion. She was influential in both state and national nursing affairs, but in a quiet way. Her power as a leader of nurses was strongly felt on the Pacific Coast in every organization for the education and progress of the profession, and in the best sense. She formed the League of Nursing Education in Southern California and was its first president. She made many friends in many walks of life wherever she went. She was always giving of herself and shared her substance not alone with her friends, but with strangers and the unfortunate. She had a keen sense of humor which carried her over many hard places, and a love for music art and literature which helped her during her illness, which was a long and painful one, borne with courage and faith. Every one who came in touch with Miss Pickhardt in any way was the better for her influence, and her work is a lasting one, as the nurses she has trained will carry on her high ideals.

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## BOOK REVIEWS

IN CHARGE OF  
GRACE H. CAMERON, R.N.

**THE WOMAN CITIZEN.** By Mary Sumner Boyd. Frederick H. Stokes Company, New York. Price, \$1.50.

This has been called a nation-wide guide book for the woman who votes and the woman who wishes to vote. It discusses and gives information on State and Federal elections, the different political parties and what they stand for, how women may secure suffrage, and what remains to complete woman's political equality. The introductory chapter on "Passing the Federal Suffrage Amendment" is contributed by Mrs. Carrie Chapman Catt. The author has had valuable experience as chairman of the research department of the Leslie Bureau of Suffrage Education, and gives a clear, practical and sincere exposition of the subject of civics as it specially applies to the woman voter.

**DIETETICS FOR NURSES.** By Fairfax T. Proudfit. The Macmillan Company, New York. Price, \$2.25.

The author dedicates her book to "The Great Army of Nurses in the Service." It is a practical text book; simple in construction and includes only essential material, so arranged as to fit in easily with the kindred subjects of Physiology, Anatomy, and Bacteriology. The subject is divided into three divisions: 1. Food and Its Significance. 2. The Human Machine and Its Relation to Food. 3. Nutrition in Disease.

**FIRST LESSONS IN BACTERIOLOGY FOR NURSES.** By M. E. Morse, M.D. W. B. Saunders Company, Philadelphia and London. Price, \$1.25.

A text book in which the technical terms are reduced to the minimum, and the principles taught are applied to everyday life. There are suggestions for demonstrations appended to each chapter. The author has intended the book only as an introduction to the subject, and for students of grammar school education.

**NUTRITION AND CLINICAL DIETETICS.** By Herbert S. Carter, A.M., M.D., Paul E. Howe, M.A., Ph.D. and Howard H. Mason, A.B., M.D. 664 pages. Lea and Febiger, Philadelphia. Price, \$5.50 net.

A book of wide scope and detailed information that is specially prepared for the practitioner and gives the modern theory and practical results of recent researches in regard to the nature of food and

its utilization and man's requirements in health and disease. Particular attention has been given to diet in infancy and childhood, and over 300 pages are devoted to diet in disease. As is stated in the introduction to this part, "The intelligent use of foods in disease should become more and more a matter of interest. As time has gone on we have come to recognize the importance of an adequate diet for the sick and the dangers which unnecessarily accrue to the patient from an insufficient supply of proper nourishment." The VonLeube diet for peptic ulcer, Lenhardt's diet, the Einhorn duodenal feeding, Finney's diet list following gastroenterostomy, numerous typhoid diets, Sutherland's diets in anaemia, and the Von Noordan cure for obesity are given in detail. In diabetes mellitus the accepted diets are given with certain recipes, and addresses where the special foods may be obtained.

**MENTAL DISEASES.** By Walter Vose Gulick, M.D. C. V. Mosby Company, St. Louis. Price, \$2.00.

A small volume of 140 pages dealing with diagnosis and classification of mental diseases. The present accepted classification for use in the War Department, and recommended for general adoption throughout the United States, is given in tabulated form. Although not much more than a "statement as to the data essential in the recognition of the different psychoses," the author has written with a pleasing directness that attracts the reader.

**THE PRINCIPLES OF NURSING.** By Charlotte A. Brown, R. N. Lea & Febiger, Philadelphia and New York. Price, \$1.75.

This small text-book is well written, concise in statement, clear and simple in treatment; clinical features are emphasized and there is particular instruction in observing symptoms. The author adheres strictly to the principles of nursing and wisely leaves subjects of correlation to other text-books. The illustrations are well chosen and there is a glossary at the end of the book. It would be a convenient text-book for preliminary classes.

**HYGIENE AND PUBLIC HEALTH.** By George M. Price, M.D. Second Edition, thoroughly Revised. Lea & Febiger, Philadelphia and New York. Price, \$1.50.

A number of changes have been made in this second edition to bring it up to date. These changes are especially noticed in the work on Infectious Diseases. This volume makes a good text to use in connection with the author's popular text-book, "Hygiene and Sanitation for Nurses."

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A TEXT-BOOK OF MATERIA MEDICA FOR NURSES. By A. L. Muirhead, M.D. Illustrated. C. V. Mosby Company, St. Louis. Price, \$1.50.

As the author states in the preface—"This little book is written for the undergraduate nurse in training and with her needs and limitations constantly in mind. Its aim is to provide her with a book of twenty-four short chapters in which she can obtain easily and in language she can readily understand, the information concerning drugs and remedies which she needs in her calling." It would seem as though the author considered nurses in training as exceedingly limited in education and understanding. The definitions are so simplified as to be practically meaningless. The action of drugs is but touched upon and the information given is indefinite and superficial. Such words as "quite," "almost," "about," "somewhat," "sometimes," are found on every page. The tracings, taken principally from Jackson's Experimental Pharmacology, showing the drug action on the heart, lungs and other muscles, are excellent; but these are not explained or incorporated in the text.

INDUSTRIAL NURSING for Industrial, Public Health, and Pupil Nurses and for Employers of Labor. By Florence Swift Wright, R.N. The Macmillan Company, New York. Price, \$1.25.

So far as we know, the trained nurse entered industry first in 1895, and is still looked upon as a pioneer in this work. There are as yet no fixed standards of work and few have had training for this particular branch of public health nursing. At the present time nurses are employed in mills, factories, laundries, tanneries, department stores, and hotels; in mining villages and by insurance companies, by banks, and trust companies; consequently there must be an exceedingly varied service. Methods, records, equipment, etc., will present a separate problem with each industry. The scope of the industrial nurse's activities is almost as varied as industry itself. "The industrial nurse, as well as other public health nurses, may assist in solving two problems: the making of good American citizens, as well as the care of sick workers. She teaches the worker and his family in plant and home how to live in order to keep well and how to avail himself of proper medical care when sick or injured. Efforts for the care of the sick worker are gradually developing into the care of the well worker himself, to keep him well, and into the care of his workrooms, house, and community conditions, in order to keep him and also his family, in good health." This book is an authoritative presentation of the principles of industrial nursing and, as far as possible, of the duties of the nurse. It is an interesting and practical manual either for the industrial nurse already in the field, or as a

text-book for those wishing to prepare for work in an occupation where well equipped, efficient women are being sought for in constantly increasing numbers.

**A TEXT-BOOK OF CHEMISTRY FOR NURSES.** By Fredus N. Peters, A.M., Ph.D. C. V. Mosby Company, St. Louis. Price, \$1.75.

In the nursing profession, Chemistry is now recognized as a most important study, because this science enters so largely into every phase of everyday life. The student cannot understand Physiology, Dietetics, Bacteriology, Materia Medica without at least a superficial knowledge of Chemistry. Dr. Peters has written an excellent text-book, simple in construction, so all may understand; practical in application; and containing interesting, homely details. More space has been given to the familiar substances which enter into the daily life of the nurse, and less to the unimportant (to the nurse) substances. A variety of tables in the appendix give, in a concise form, essential information. Each chapter is followed by review questions which make an excellent outline for study.

**THE OPERATIONS OF OBSTETRICS.** By Frederick Elmer Leavitt, M.D. With 248 Illustrations. C. V. Mosby Company, St. Louis. Price, \$6.00.

In this comprehensive volume the subject of obstetrics from the operator's point of view is presented. It embraces the surgical procedures and management of the more serious complications. The excellent illustrations are from specially prepared drawings made by the author, or by his artist, George M. Ericson.

**THE DON QUIXOTE OF PSYCHIATRY.** By Victor Robinson. Published by the Historico-Medical Press, 206 Broadway, New York. Price, \$2.00.

Dr. Robinson is already known to the medical profession by his *Essays in Medical History*; *An Essay on Hasheesh*; and a series of biographical sketches of *Pathfinders in Medicine*. He writes in an easy, popular style that holds one's interest. The present volume is a short history of American medicine centering around the life and work of Dr. Shobal Vail Clevenger and includes brief sketches of the professional people with whom Dr. Clevenger came in contact.

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